

Atrioventricular septal defects

Damien Bonnet

Service de Cardiologie Congénitale et Pédiatrique
Hôpital Universitaire Necker Enfants malades – APHP

Université de Paris

INSERM-U781 - Institut Hospitalo-Universitaire IMAGINE

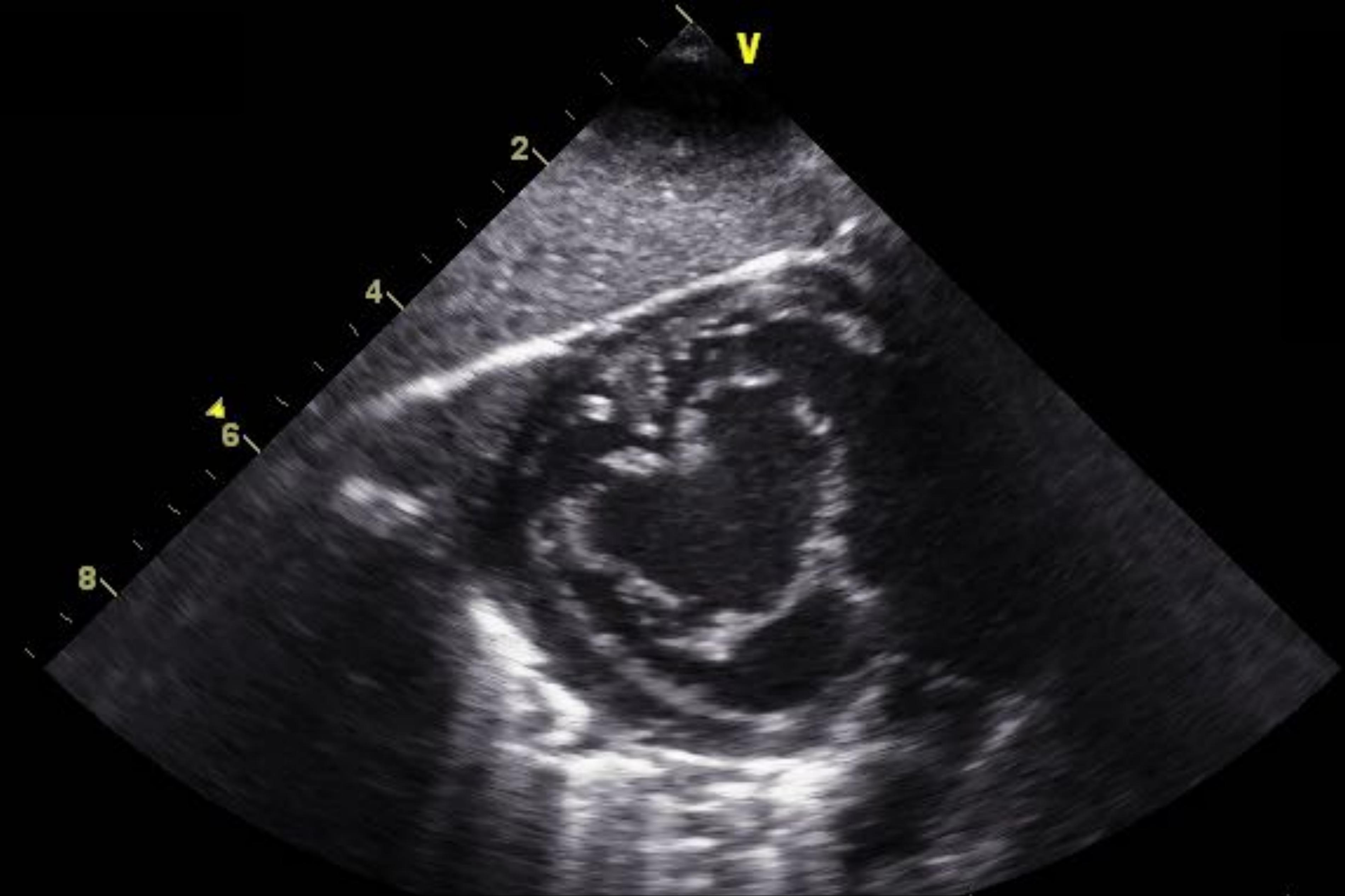
*Centre de Référence Maladies Rares
Malformations Cardiaques Congénitales Complexes-M3C*

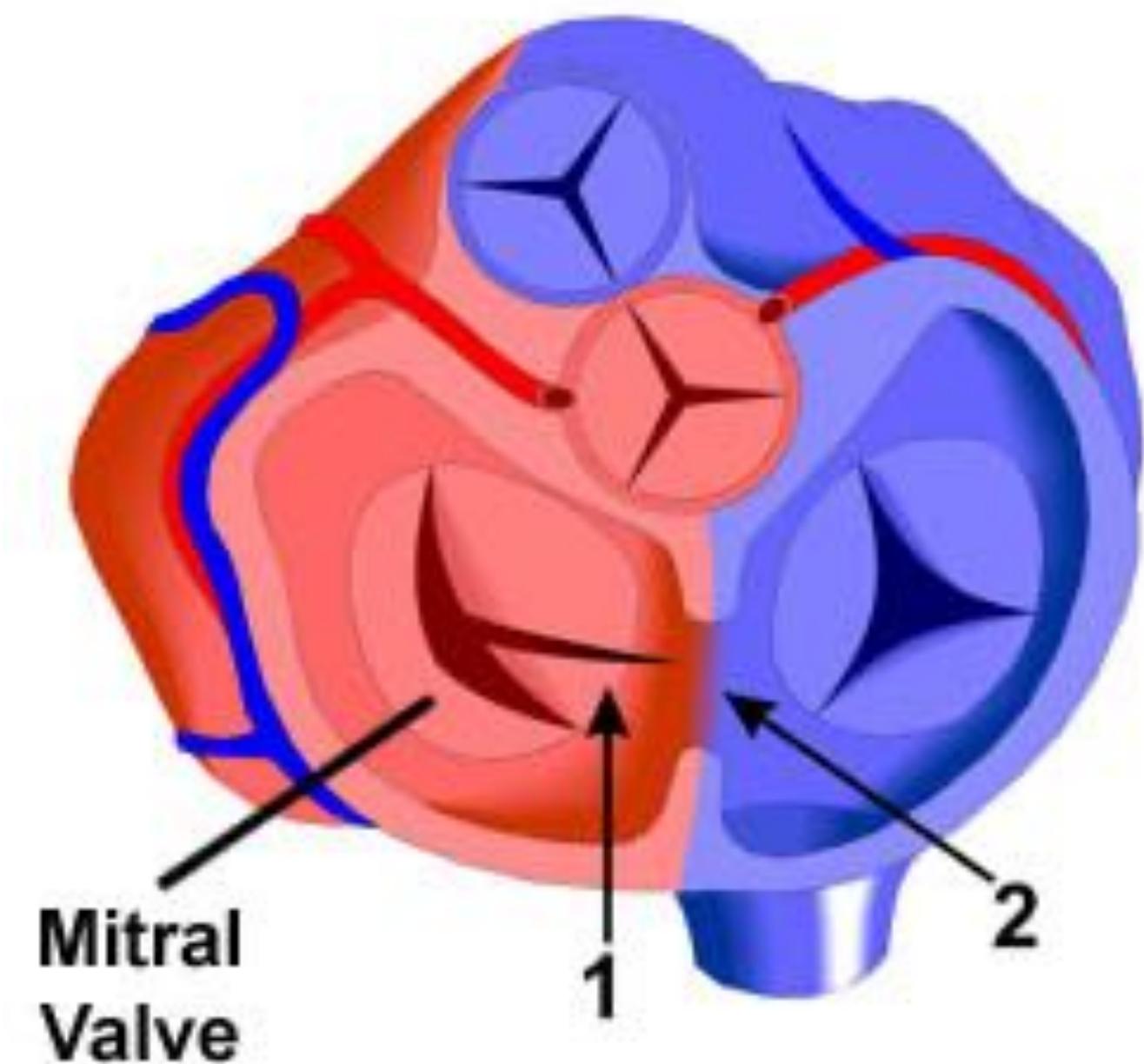
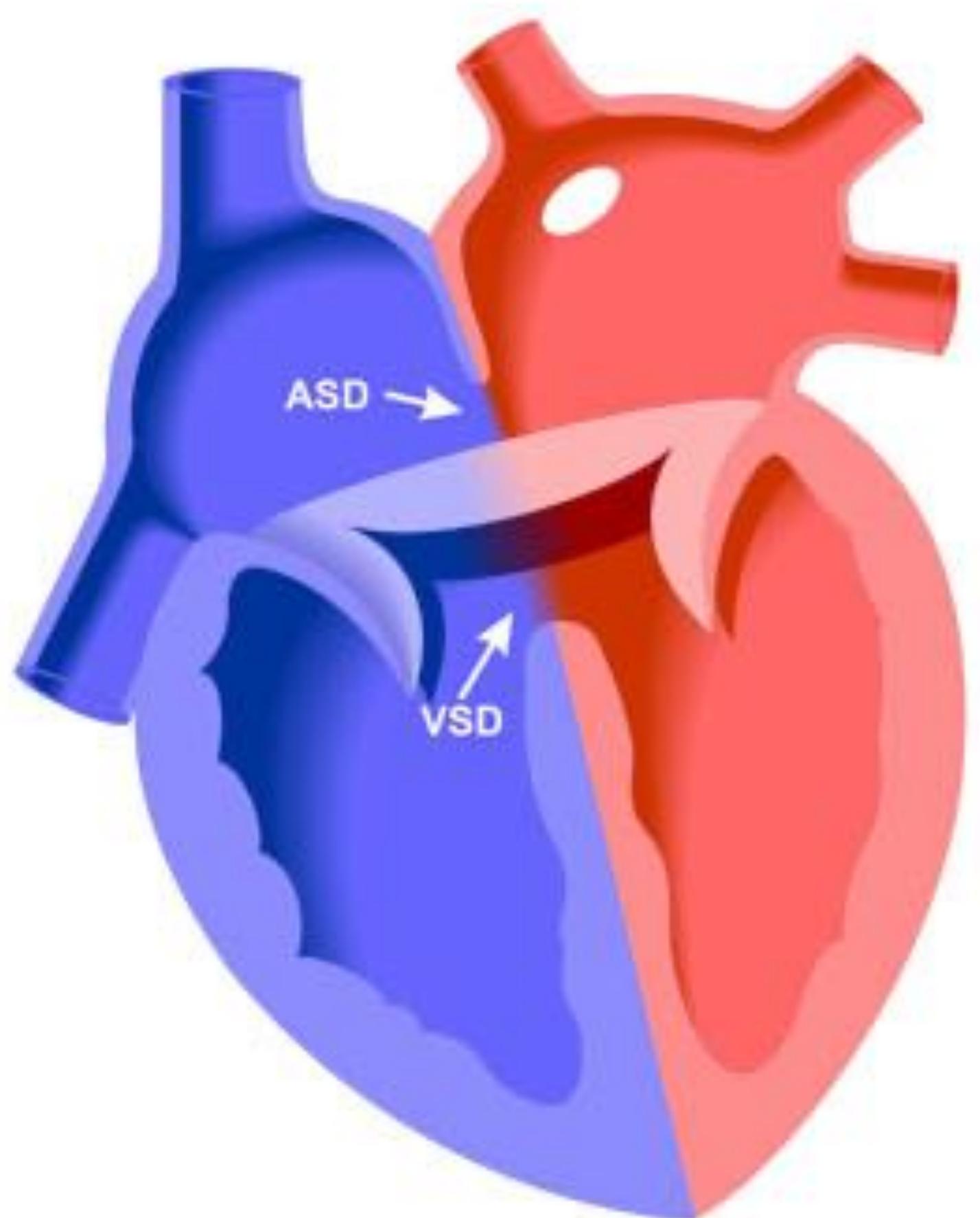
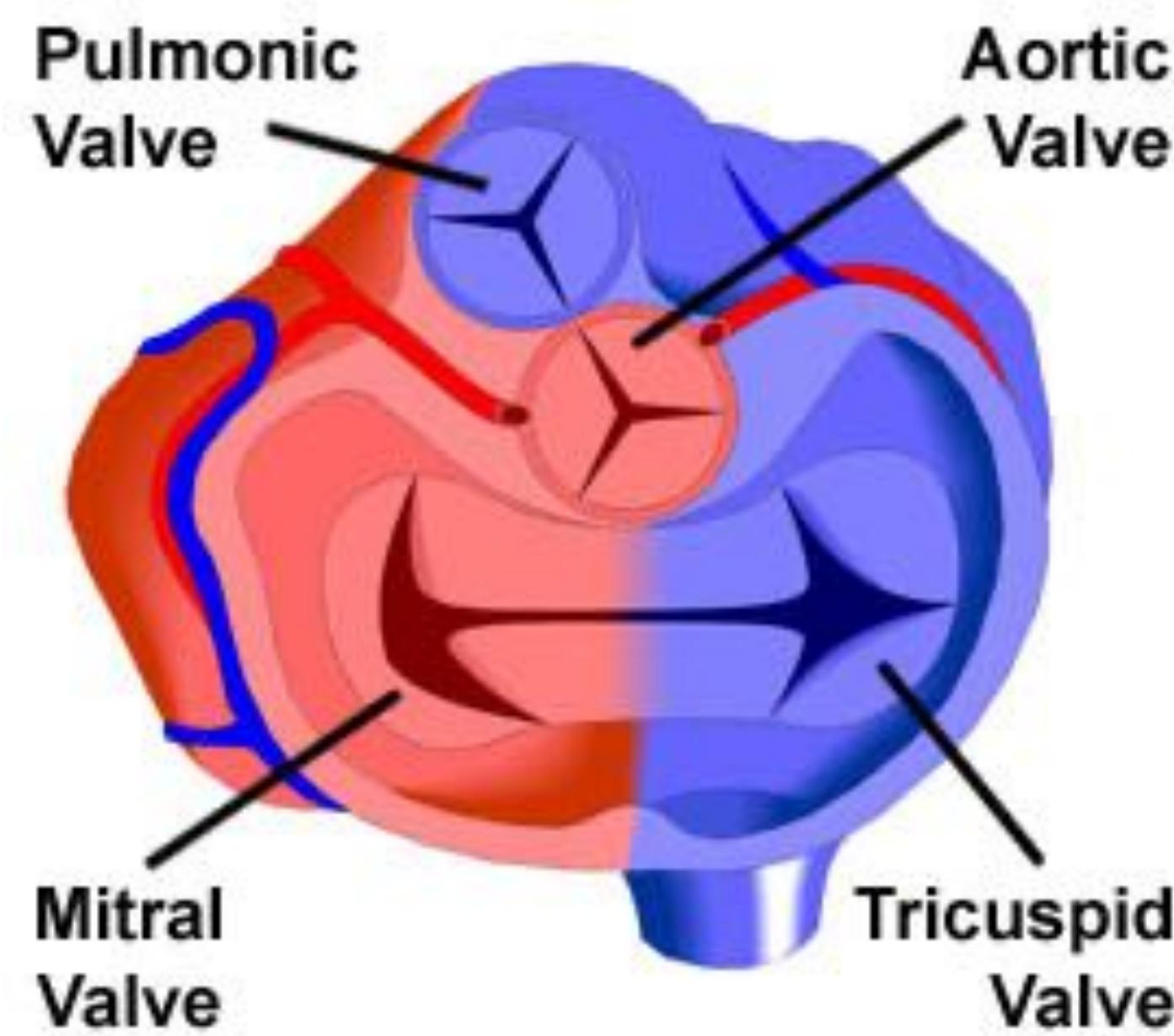
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Maladies Cardiaques Héréditaires- CARDIOGEN*



Canal atrioventriculaire : définition

- **Anatomique** : zone de jonction entre oreillettes et ventricules, composée de :
 - Valves atrioventriculaires
 - Partie basse du septum interauriculaire
 - Partie postéro-inférieure du septum interventriculaire : Septum d'admission
- **Pathologique** : cardiopathie congénitale
 - Jonction auriculoventriculaire commune (un seul anneau)
 - CIA type ostium primum
 - CIV d'admission
- **Embryologique** : l'ensemble de cette jonction s'organise autour du mésenchyme des bourgeons endocardiques du canal

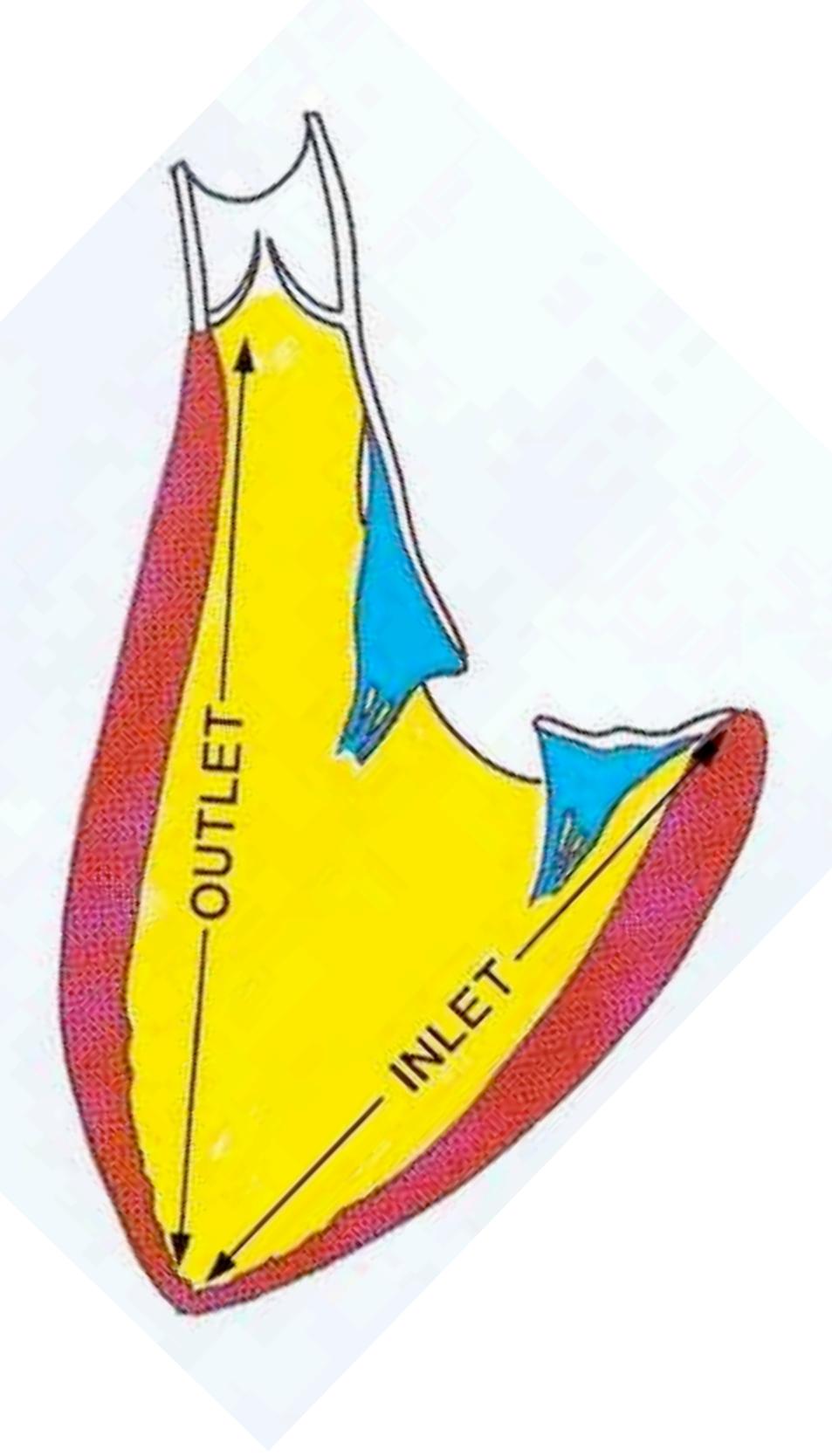
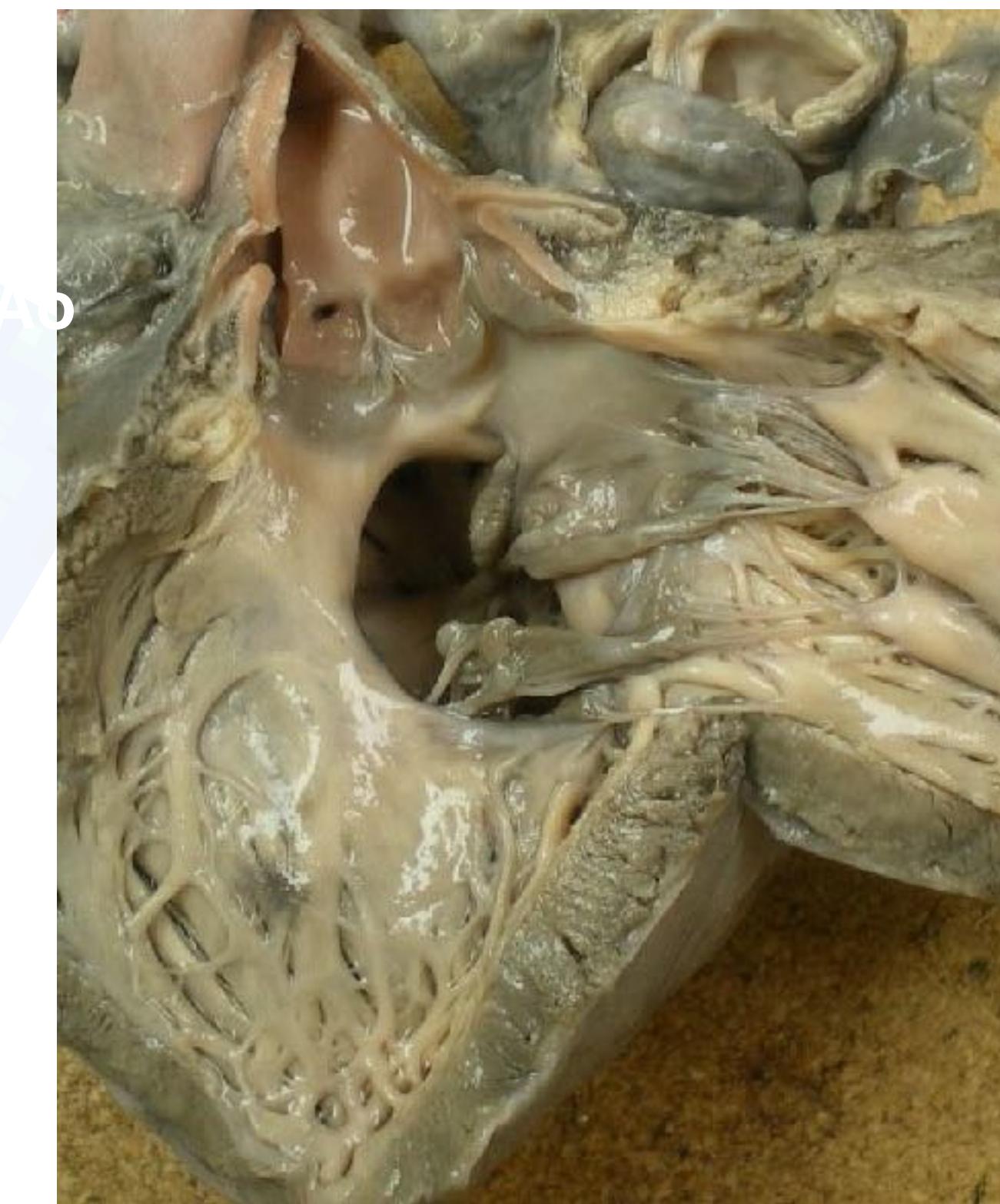
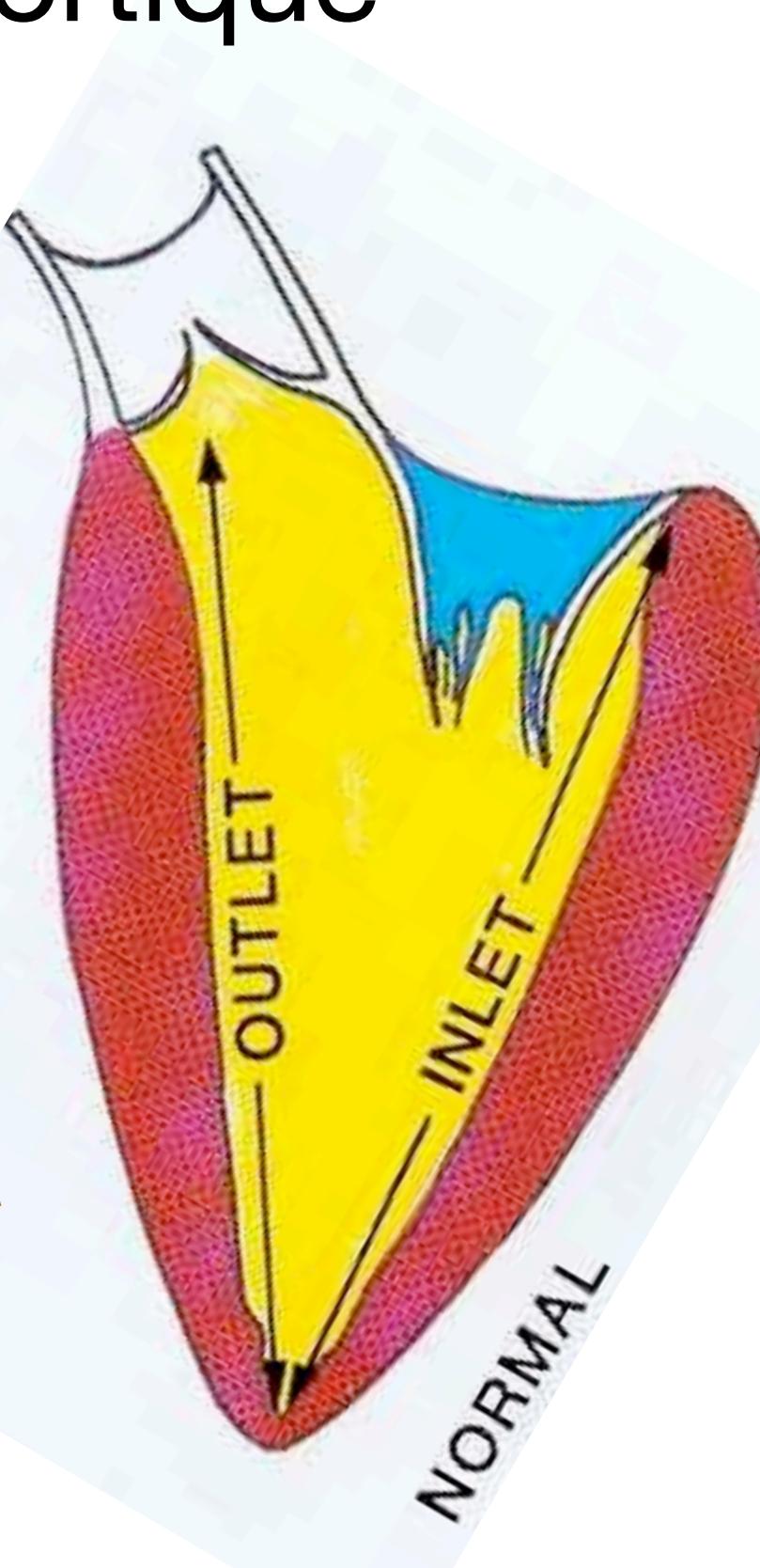
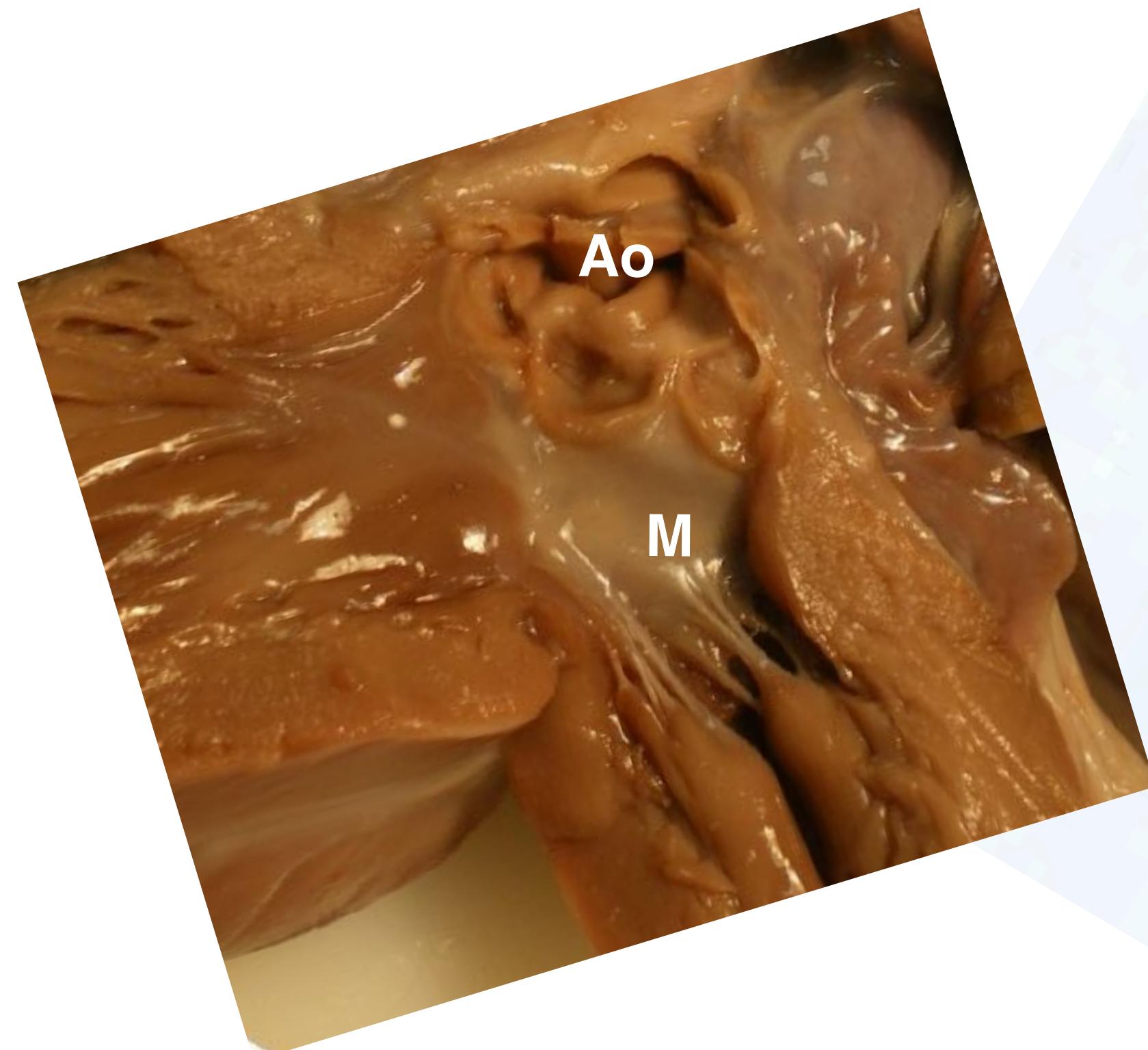




Conséquences anatomiques

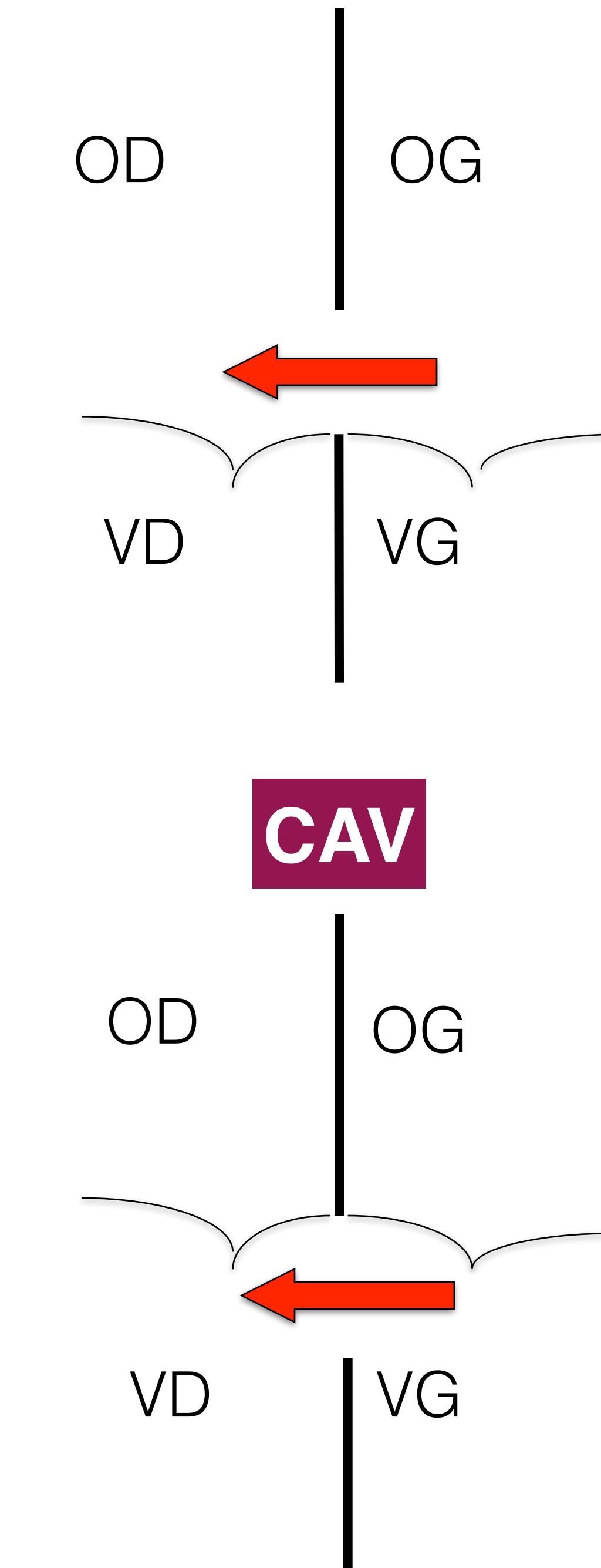
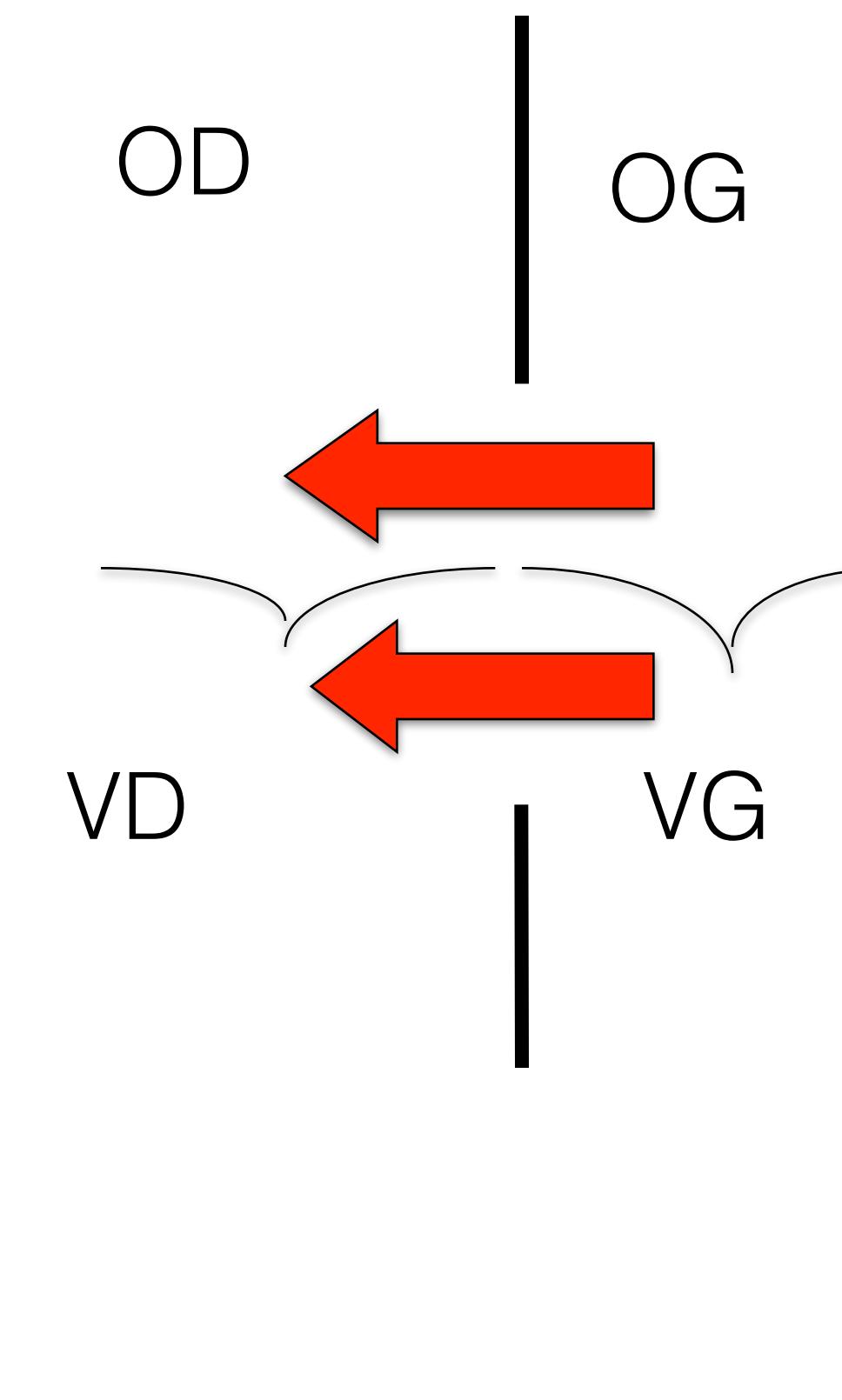
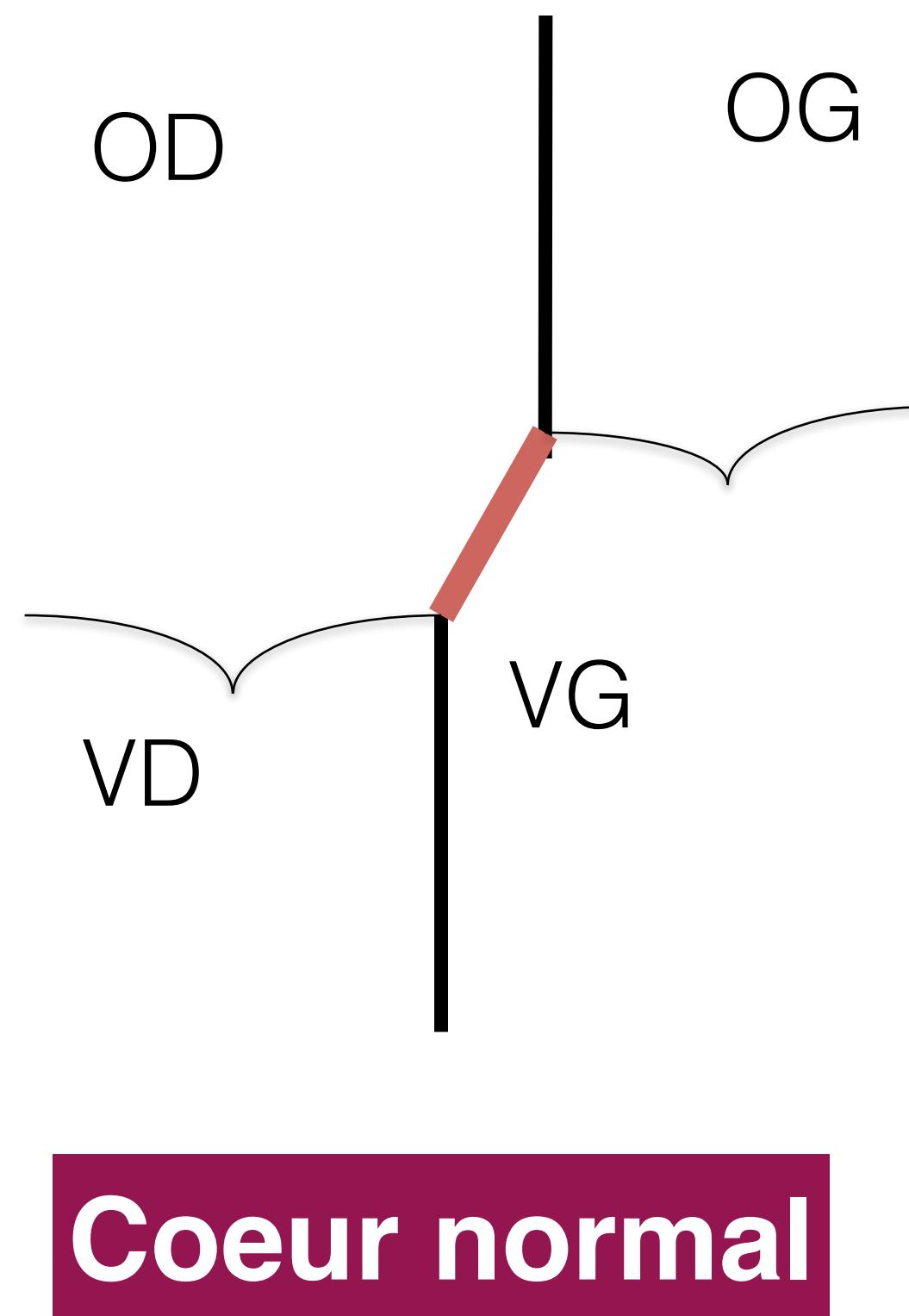
CAV : l'aorte est « unwedged », au-dessus de la valve commune

- CAV : défaut de formation du septum d'admission
- Aspect « scooped-out »
- Voie d'éjection plus longue et plus étroite
- Mais continuité mitro-aortique



Conséquences anatomiques

Septation atrioventriculaire



Genetics of AVSD



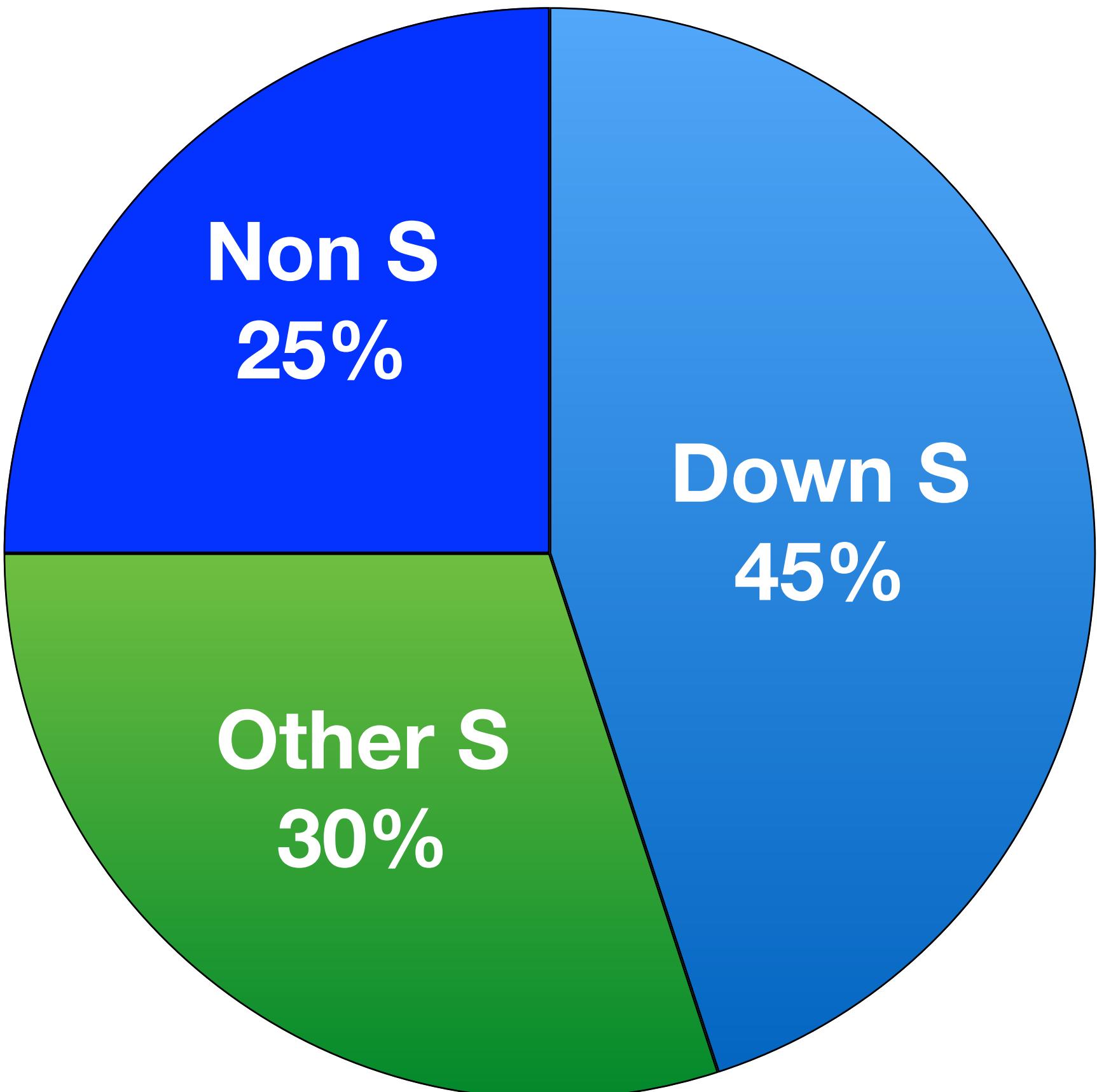


Atrioventricular Canal Defect Without Down Syndrome: A Heterogeneous Malformation

Maria Cristina Digilio,¹ Bruno Marino,^{1*} Alessandra Toscano,¹ Aldo Giannotti,¹ and Bruno Dallapiccola²

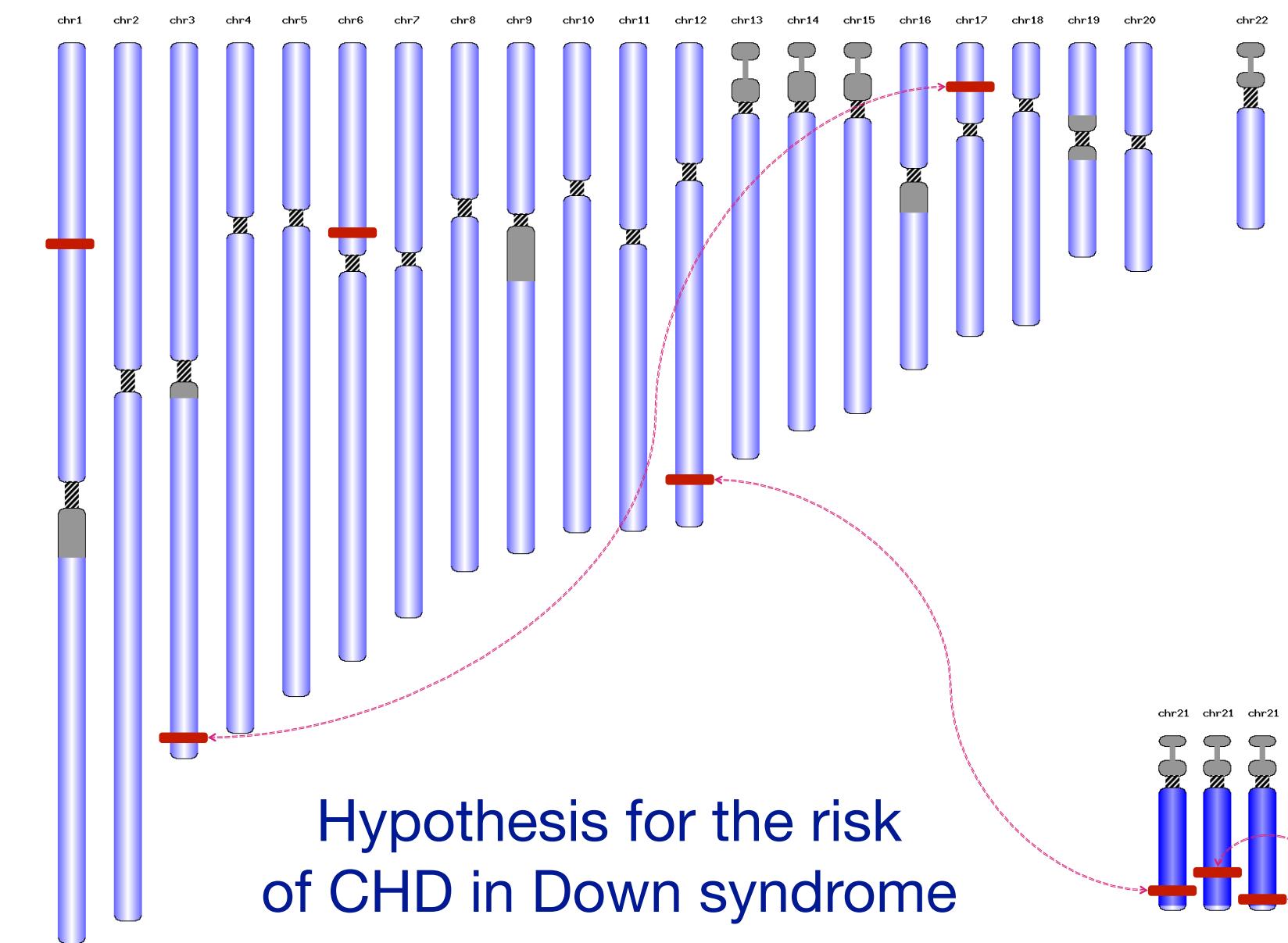
¹Departments of Pediatric Cardiology and Medical Genetics, Bambino Gesù Hospital, Rome, Italy

²Chair of Medical Genetics, Tor Vergata University, and C.S.S.—Mendel Institute, Rome, Italy



- Complete AV Canal is prevalent in patients with chromosomal imbalance
- Additional cardiac defects are prevalent in patients with:
 - chromosomal imbalance different from Trisomy 21
 - nonsyndromic AV canal

A multigenic model for the development of CHD in trisomy 21 with effects of several genetic variants



Genomic variability of chr21 (trisomic regions) may contribute to the CHD in Down syndrome.

The CHD risk of Down syndrome is determined not only by trisomy 21 but also the genome-wide interaction of specific alleles.

Epigenetics and AVSD

Down syndrome CHARGE (CHD7)

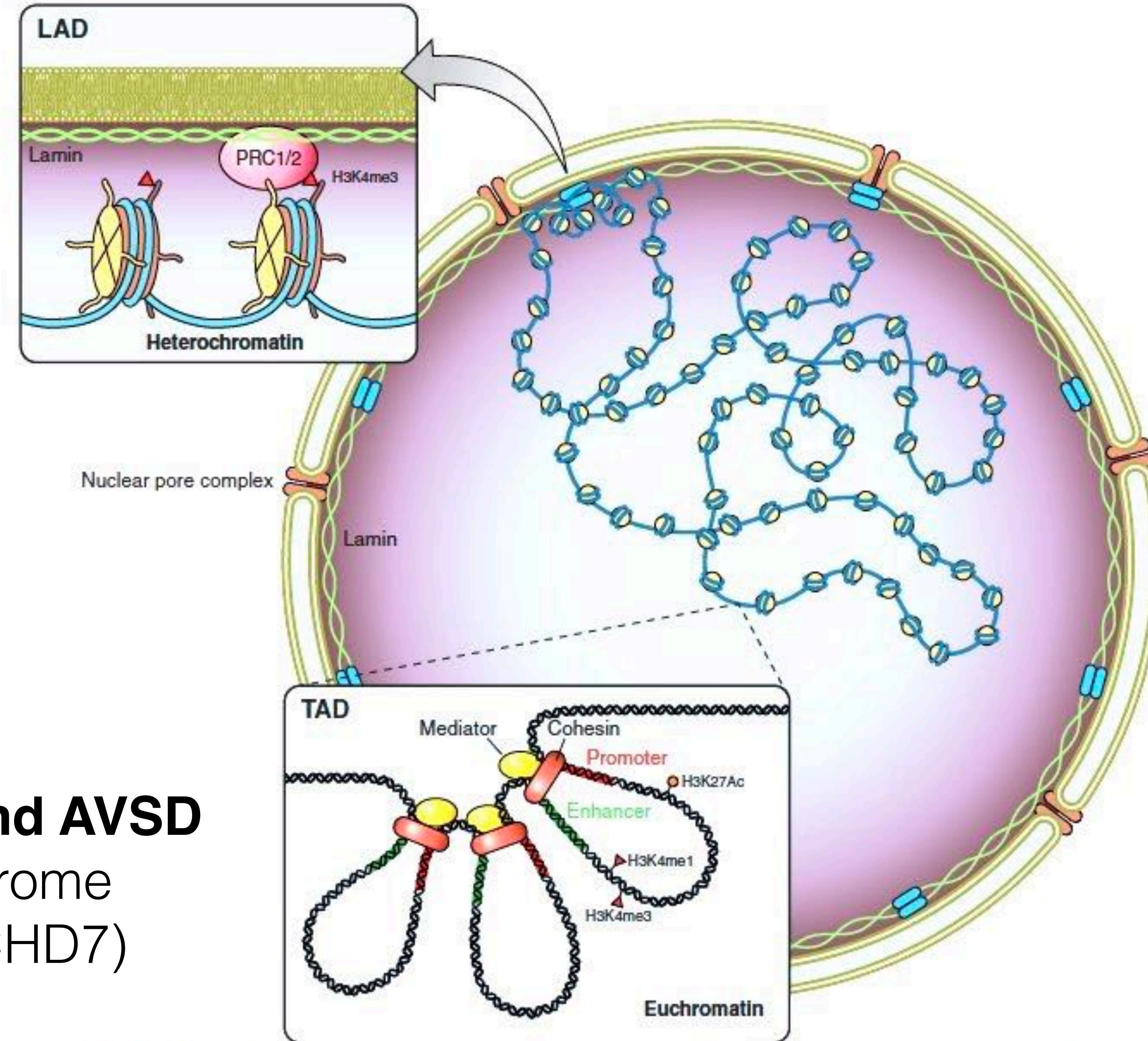
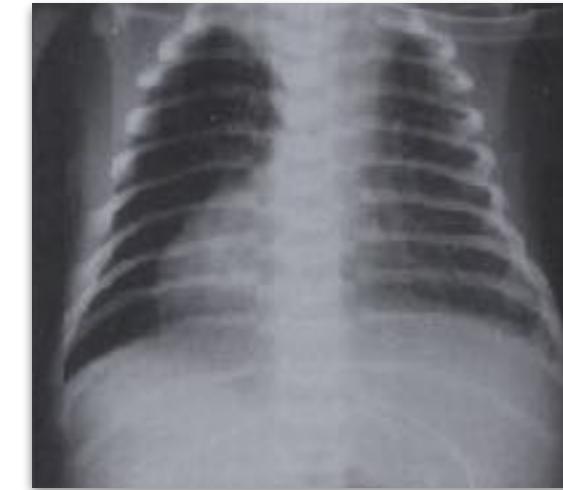


FIGURE 3. Epigenetic components [DNA methylation, histone modifications, topological associated domains (TADs), and lamin-associated domains (LADs)] playing a role in cardiac development. PRC1/2, polycombs; NPC, nuclear pore; Me, methyl group.

Non-Down Syndromic AV Canal

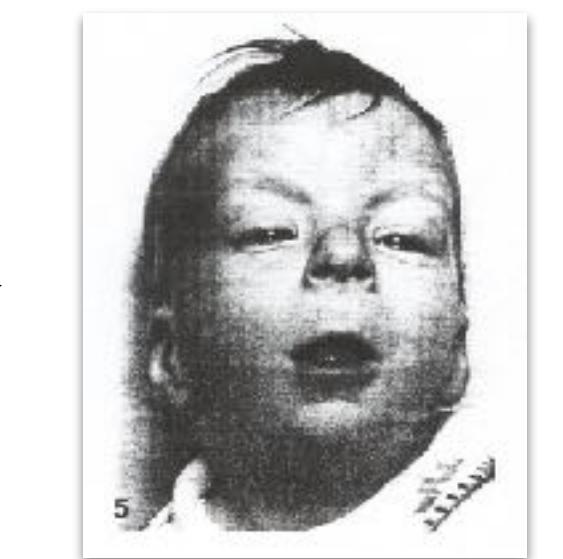
Noonan-related Syndromes



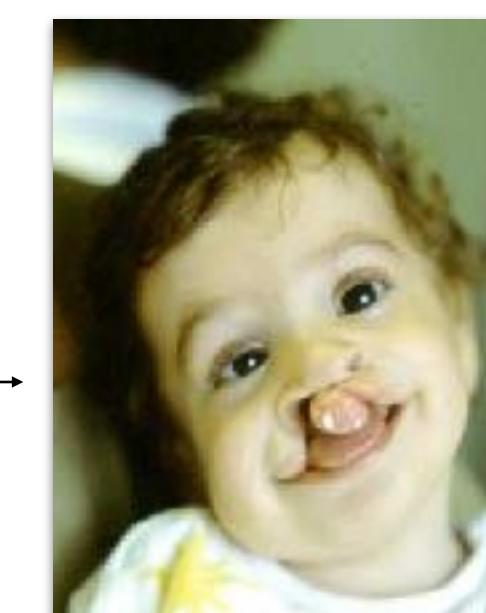
Heterotaxy



del8p23 Syndrome



del3p25 Syndrome



CHARGE-VACTERL Syndromes



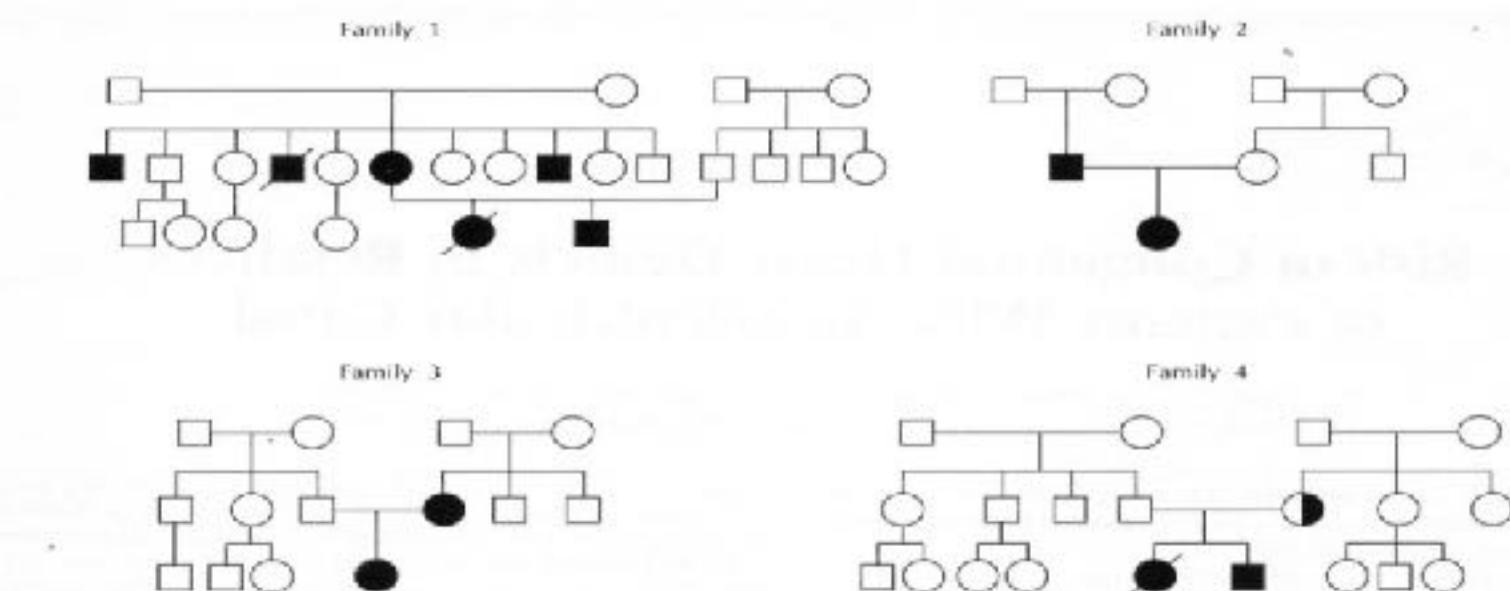


Ellis-van Creveld syndrome (EvC)

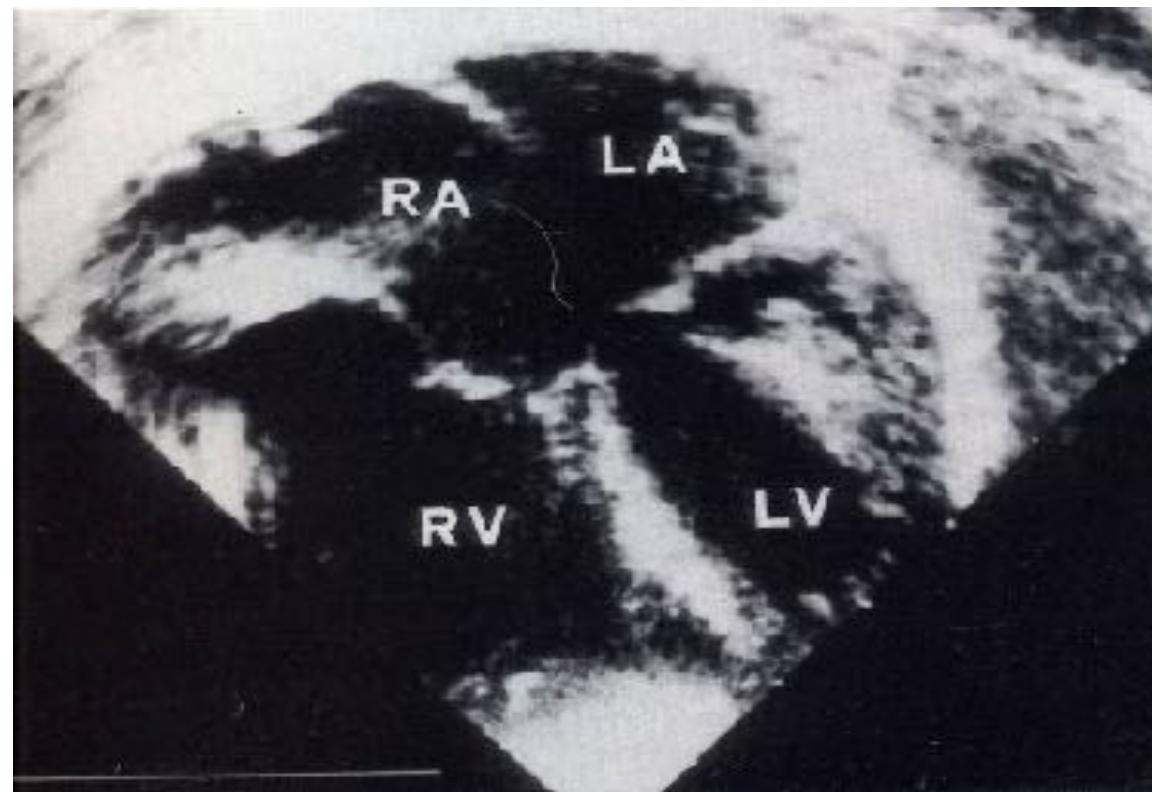
Non-syndromic AV Canal

Risk of Congenital Heart Defects in Relatives of Patients With Atrioventricular Canal

Maria Cristina Digilio, MD; Bruno Marino, MD; Maria Paola Cicini, MD;
Aldo Giannotti, MD; Roberto Formigari, MD; Bruno Dallapiccola, MD

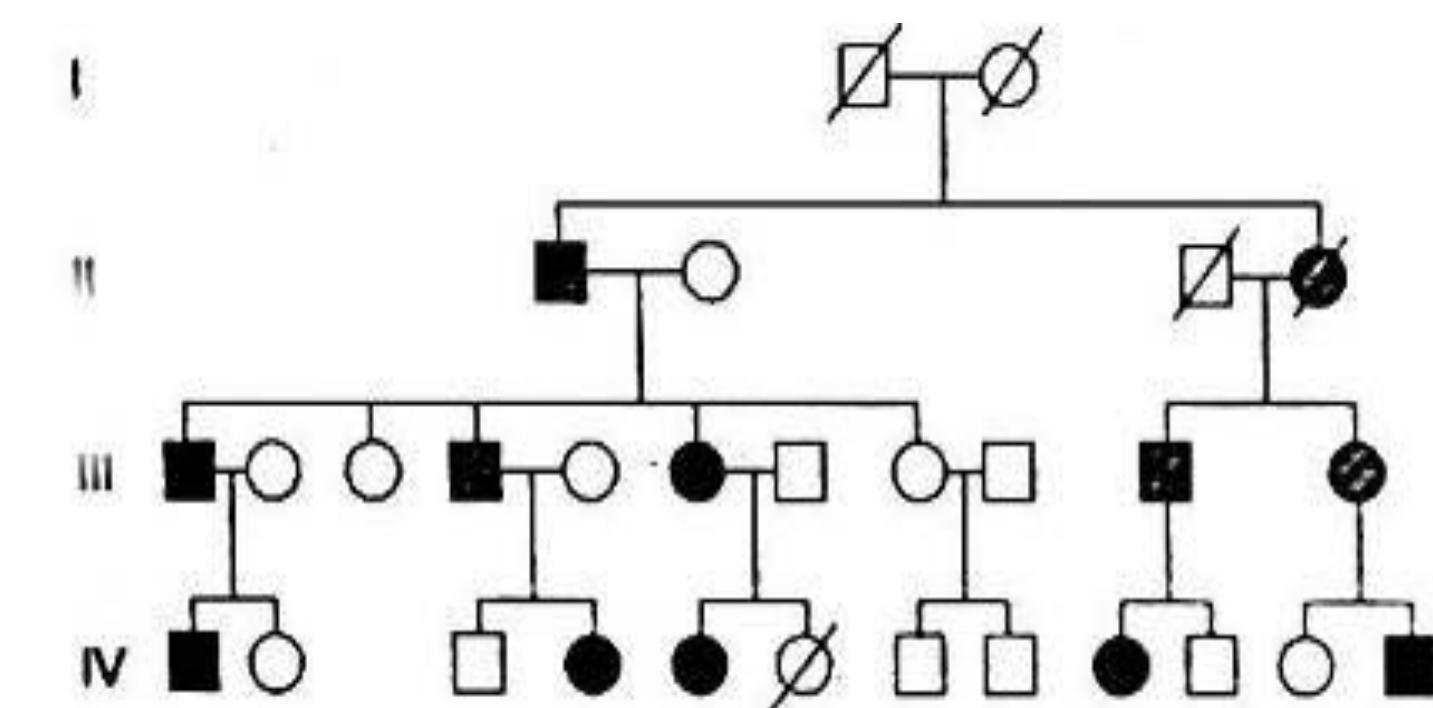


AJDC 1993;147:1295-1297

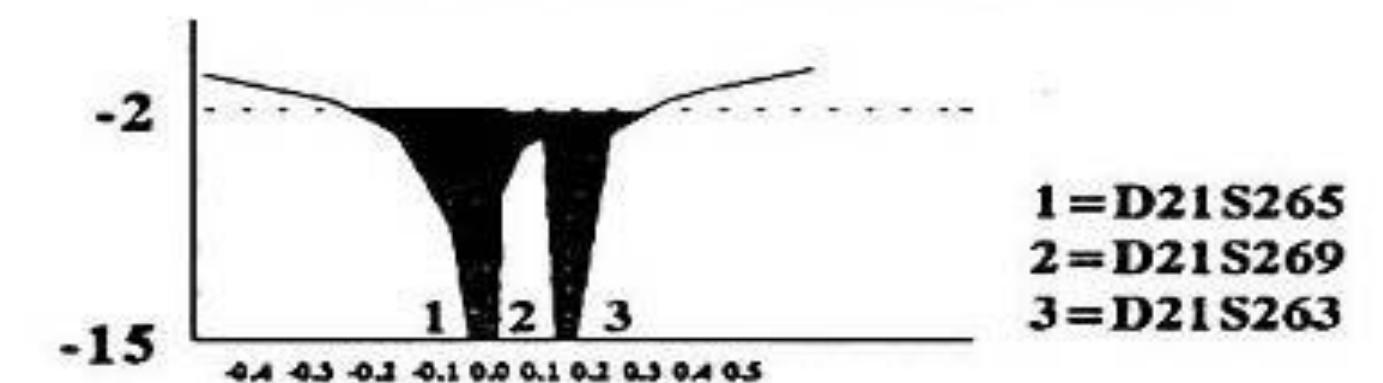


Massimo Gennarelli · Giuseppe Novelli
Maria Cristina Digilio · Aldo Giannotti · Bruno Marino
Bruno Dallapiccola

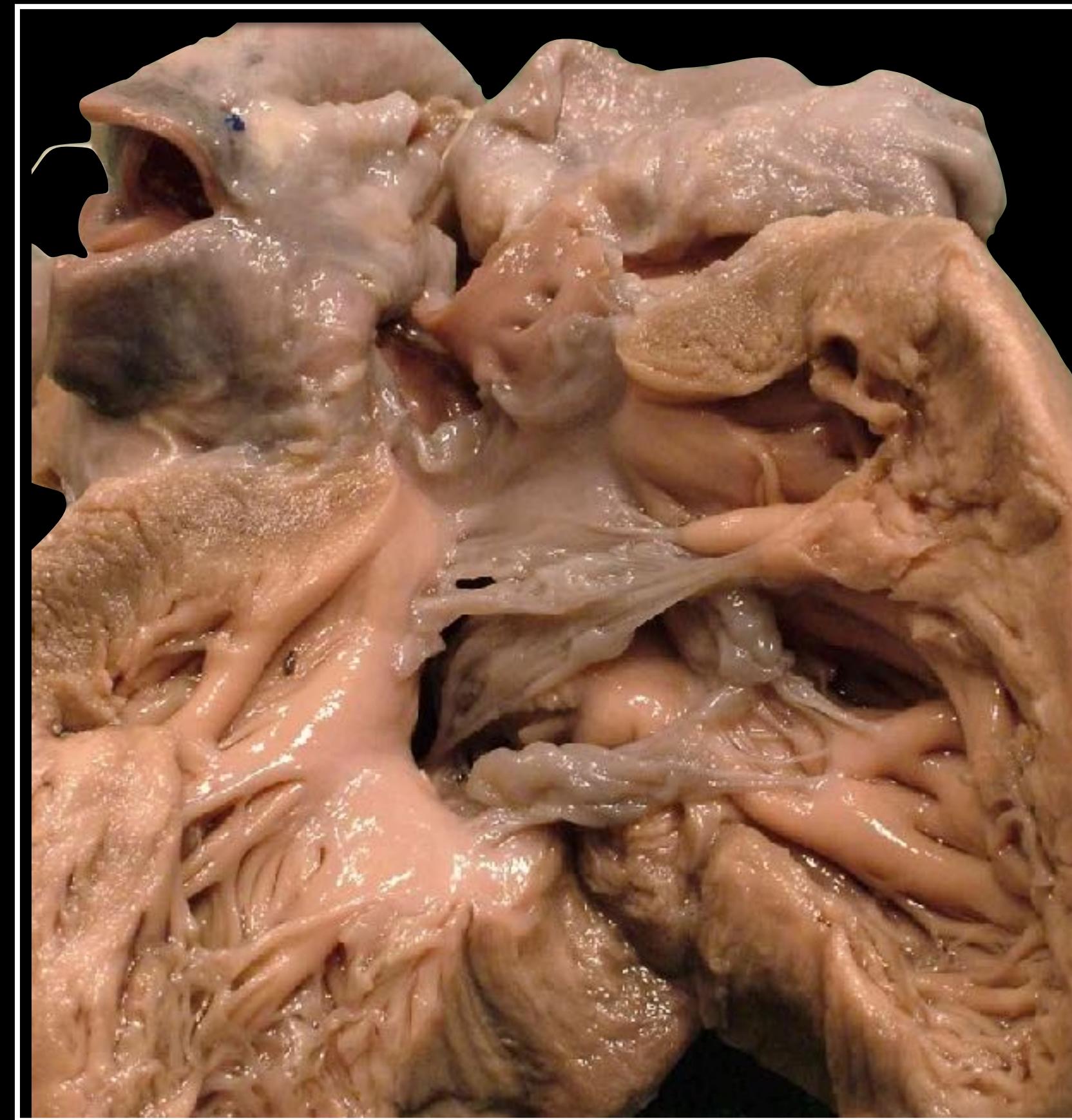
Exclusion of linkage with chromosome 21 in families with recurrence of non-Down's atrioventricular canal



Multipoint linkage analysis between three markers of chromosome 21



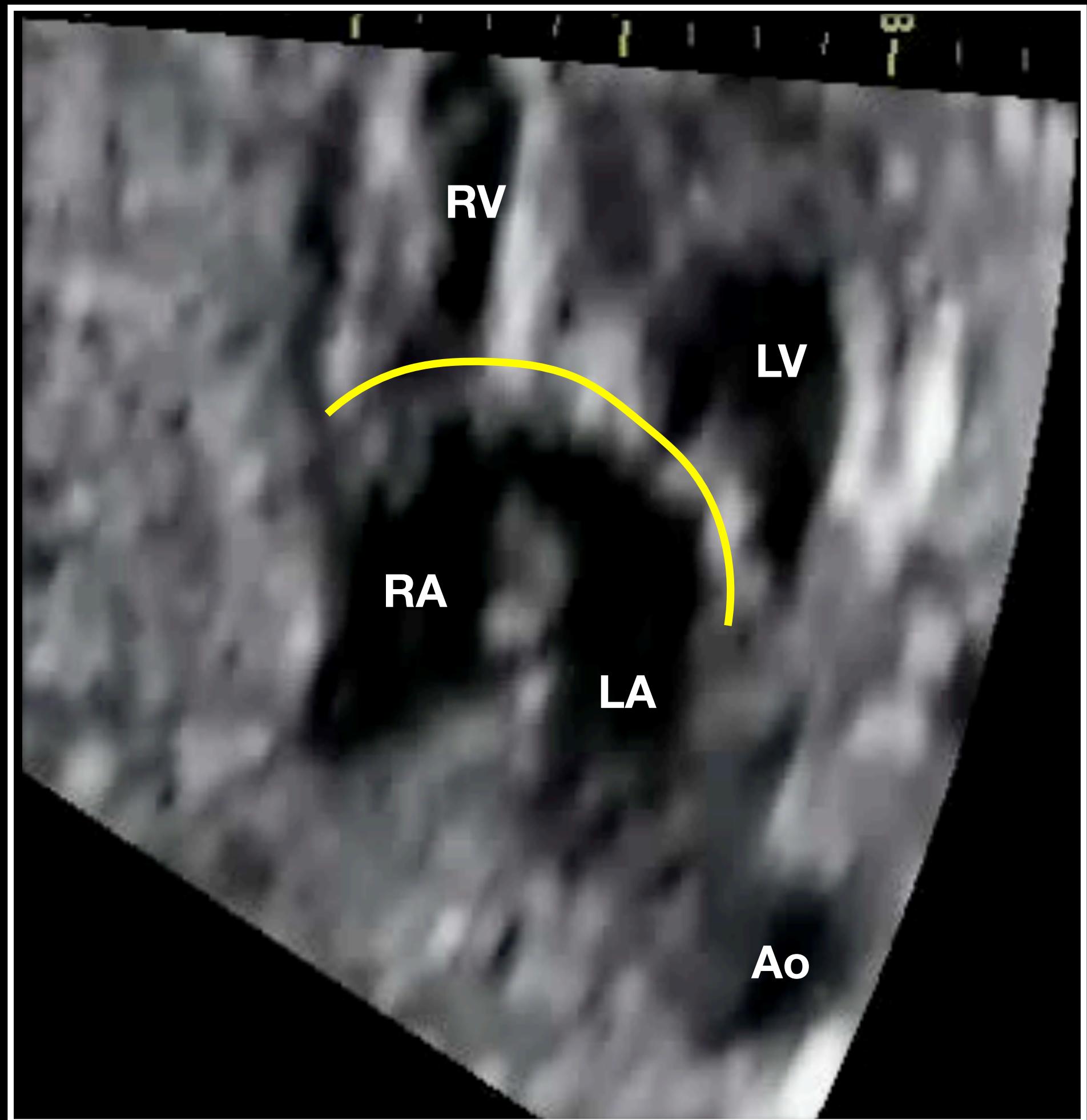
AVSD - Echocardiography

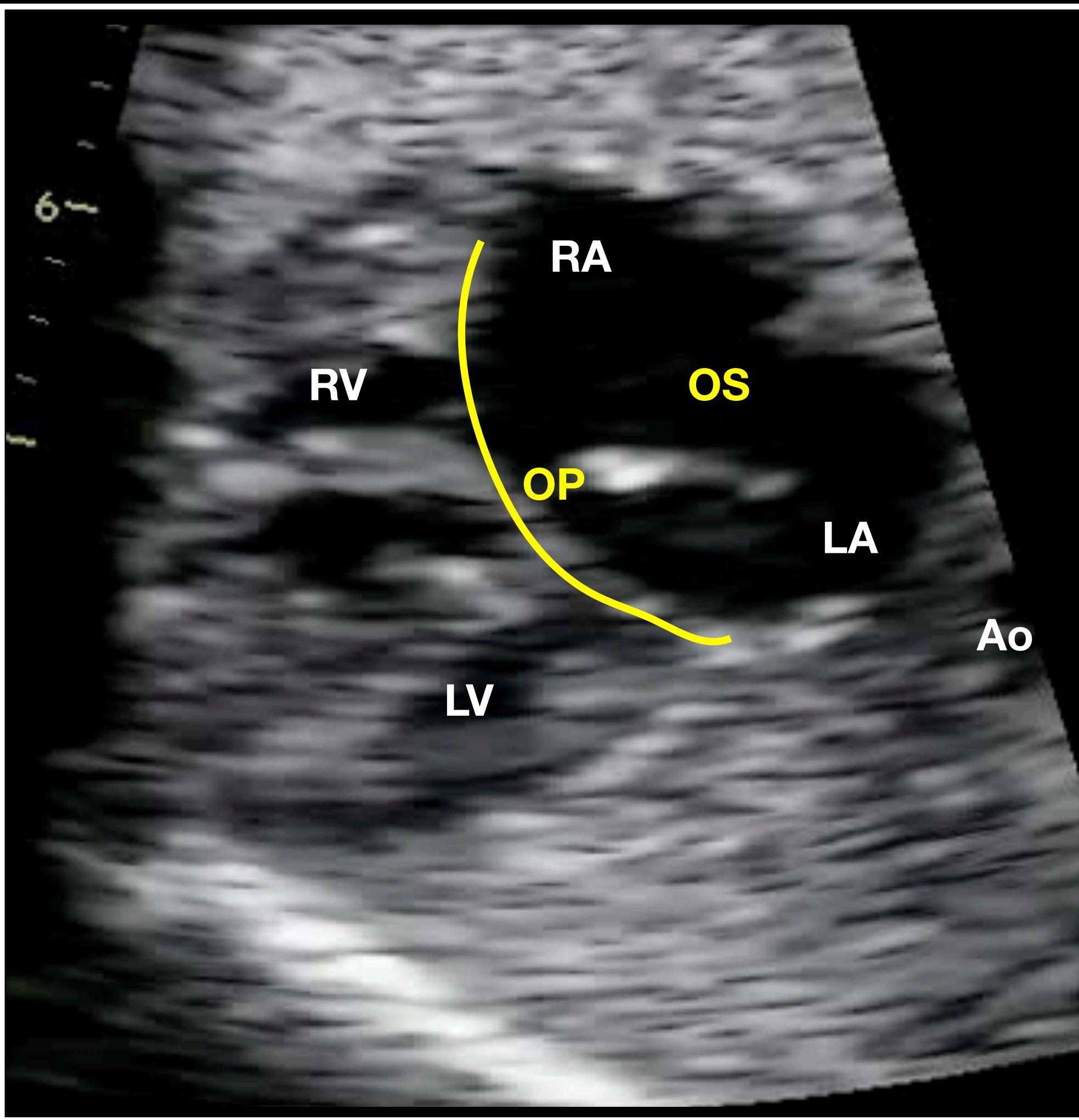


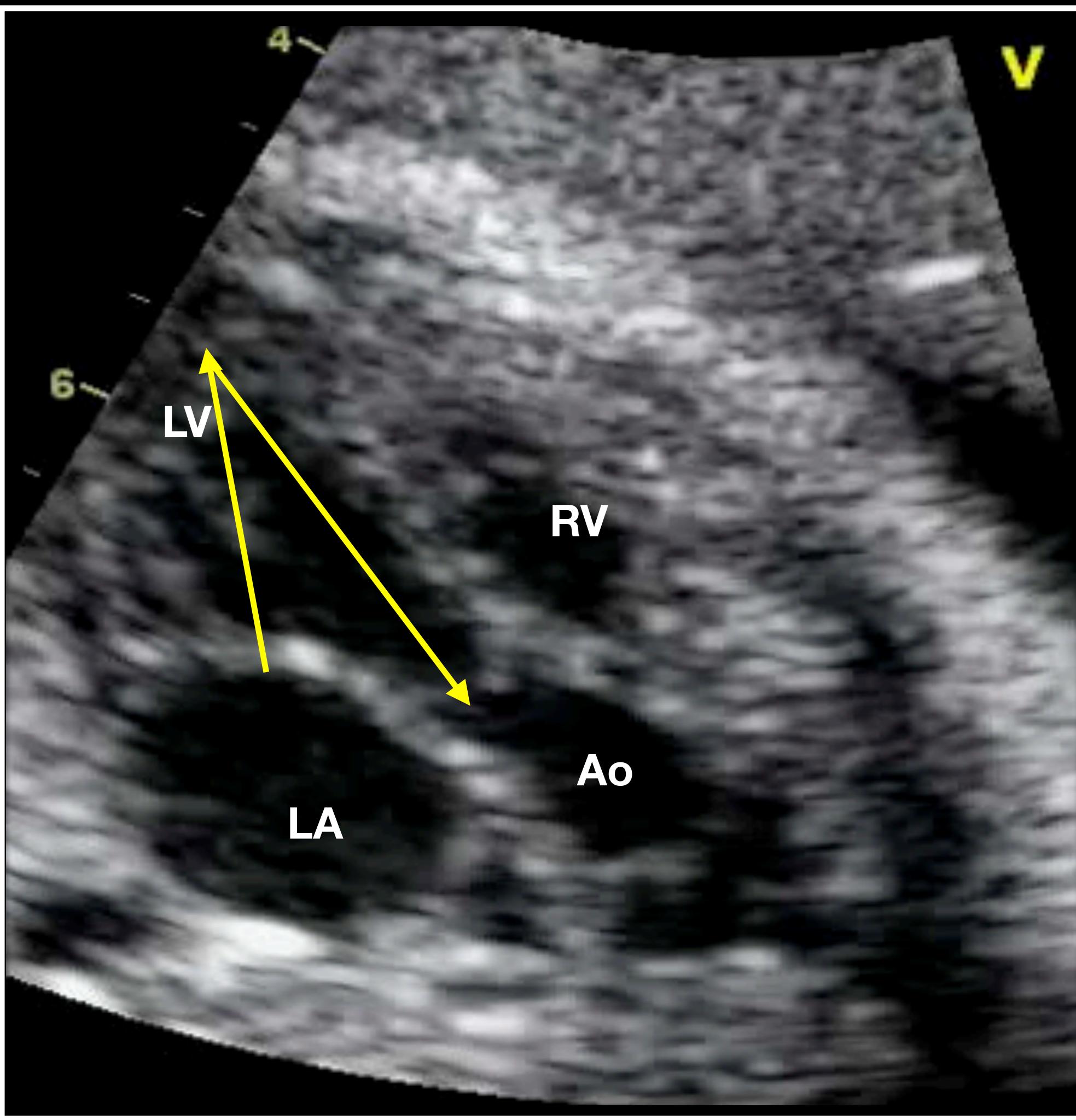


Fetal AVSD

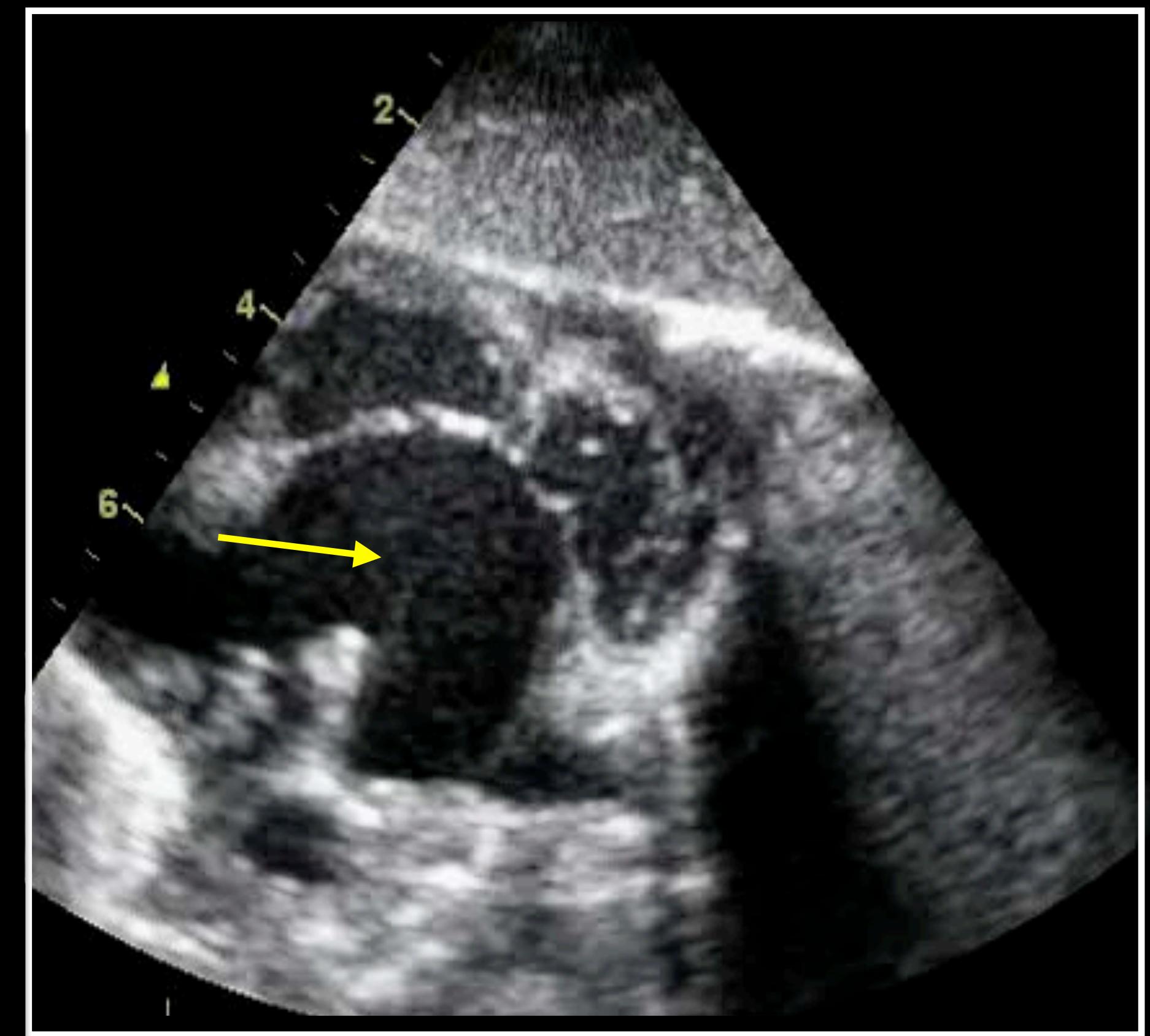
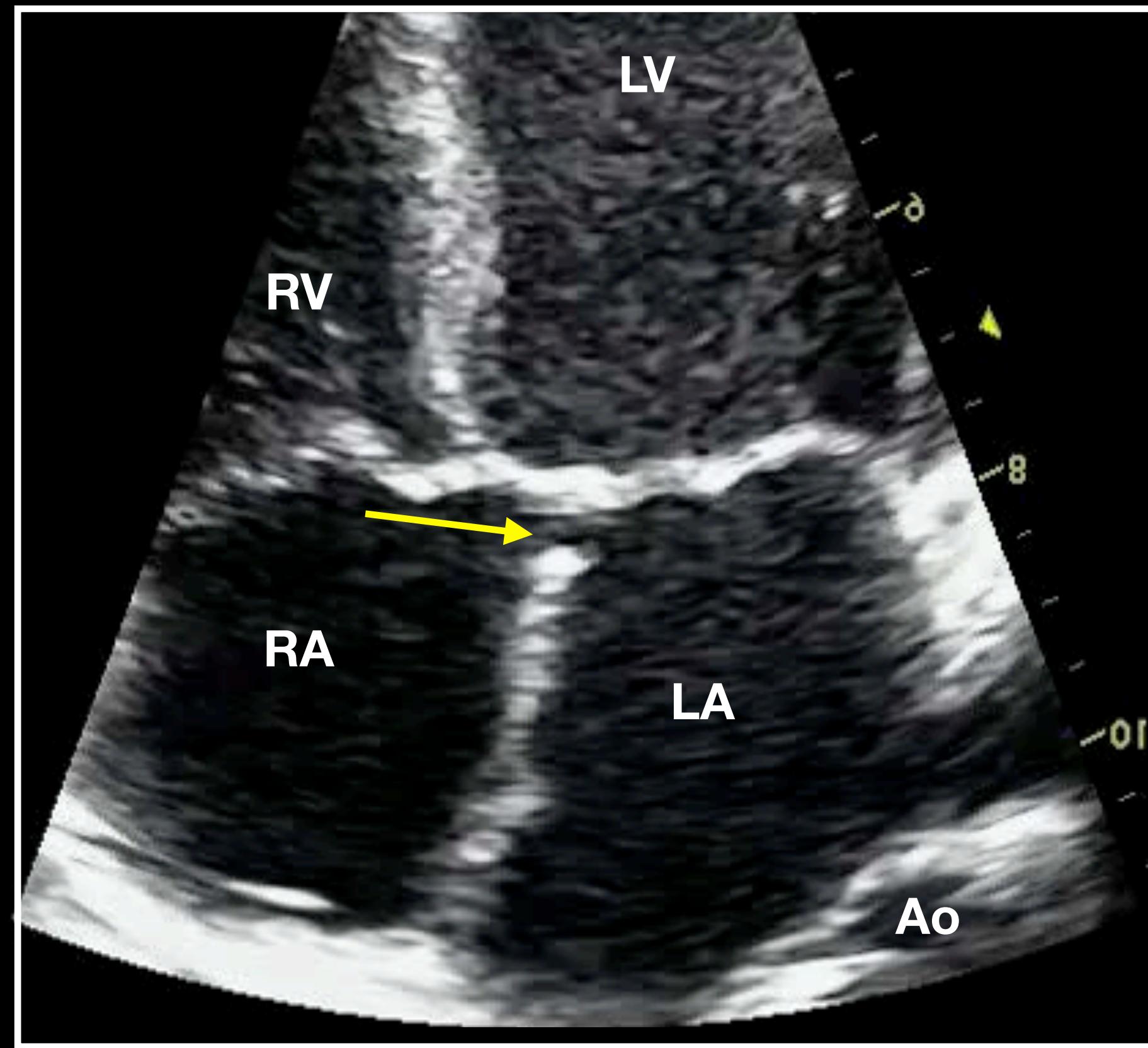
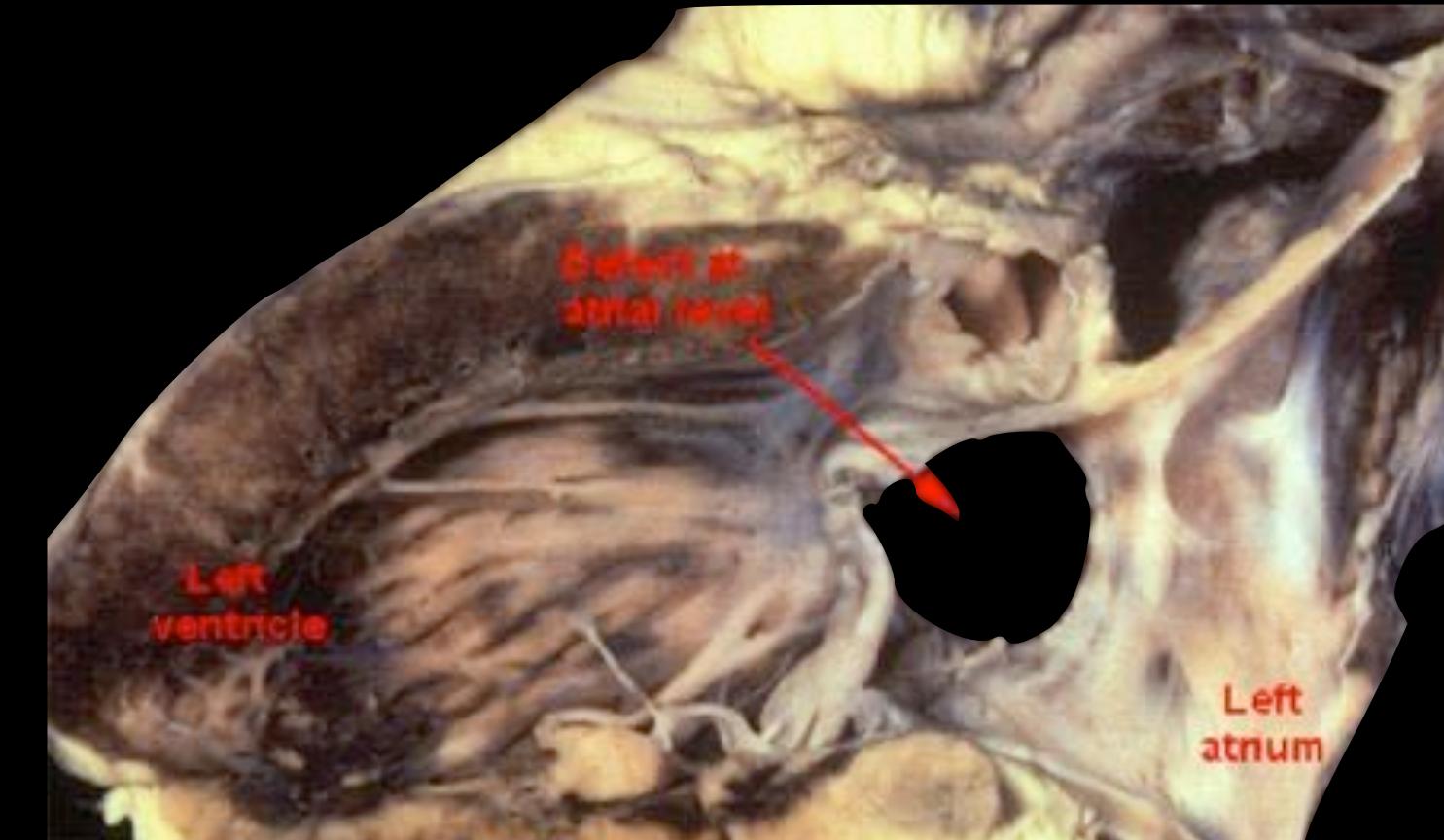
Fetus 18 WG



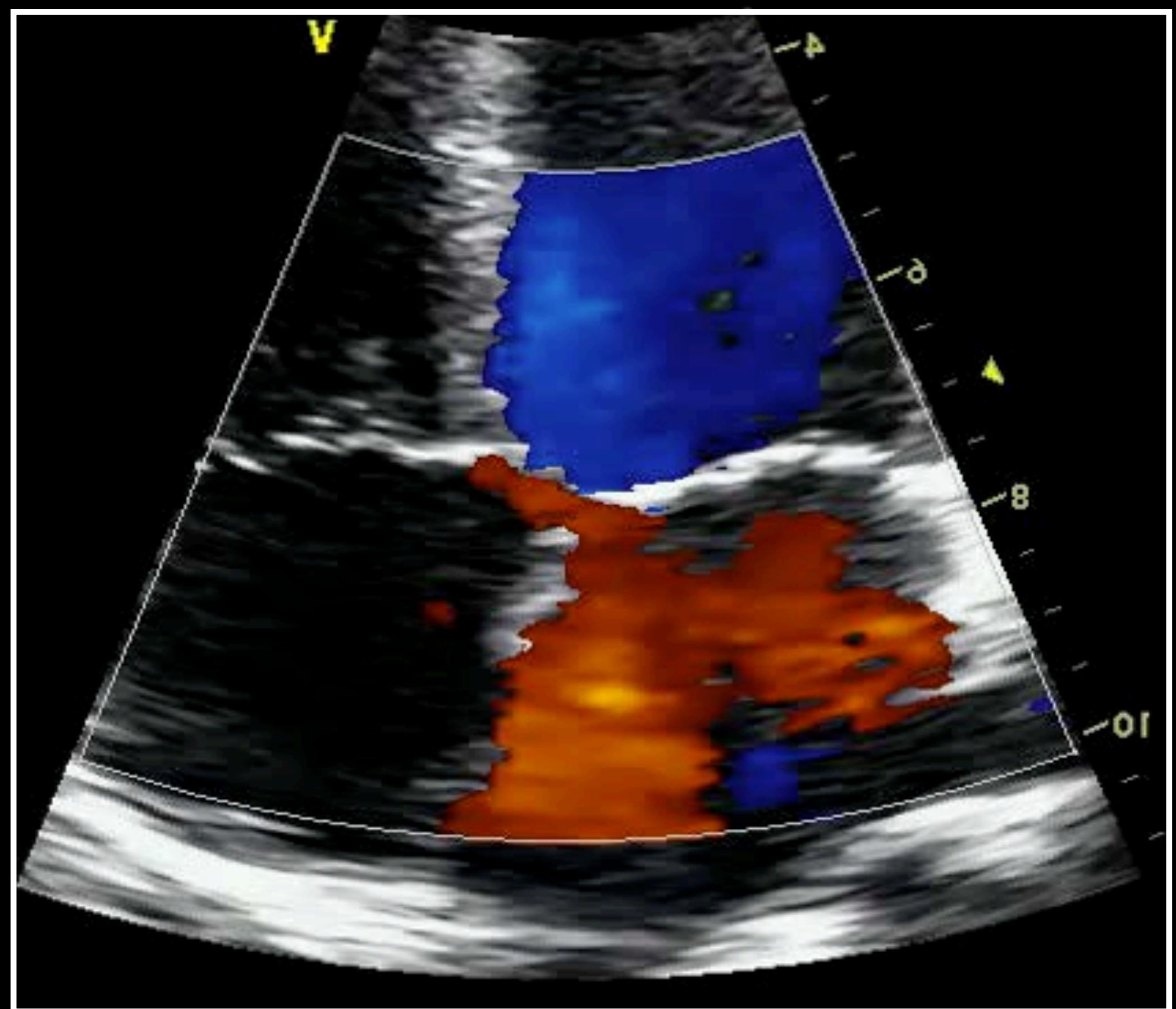


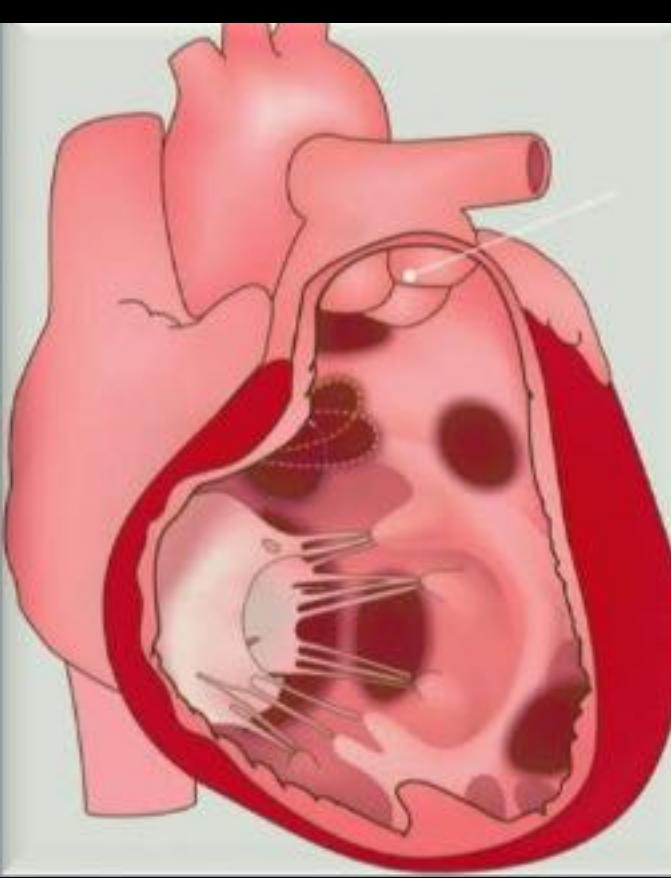


Ostium primum

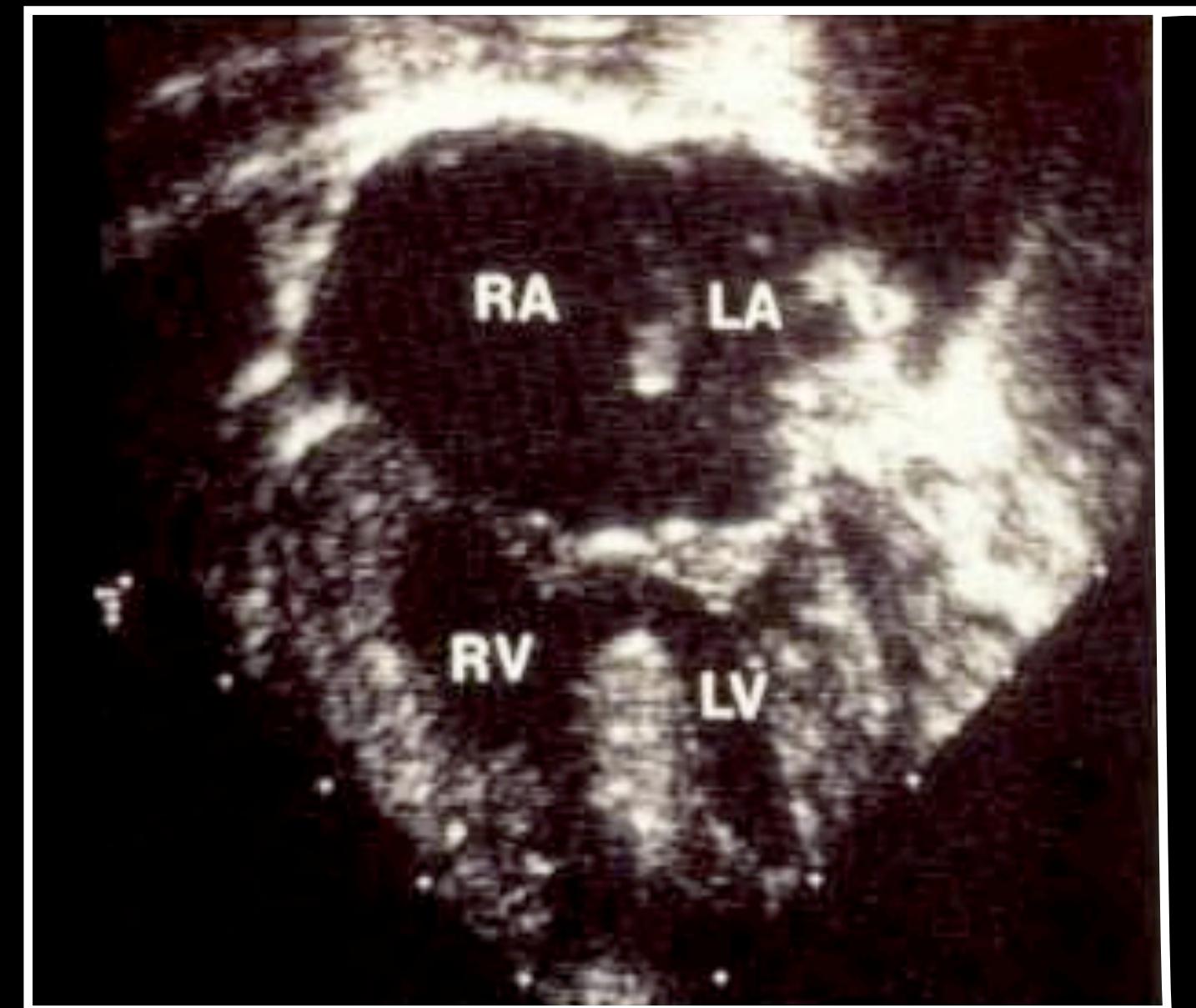
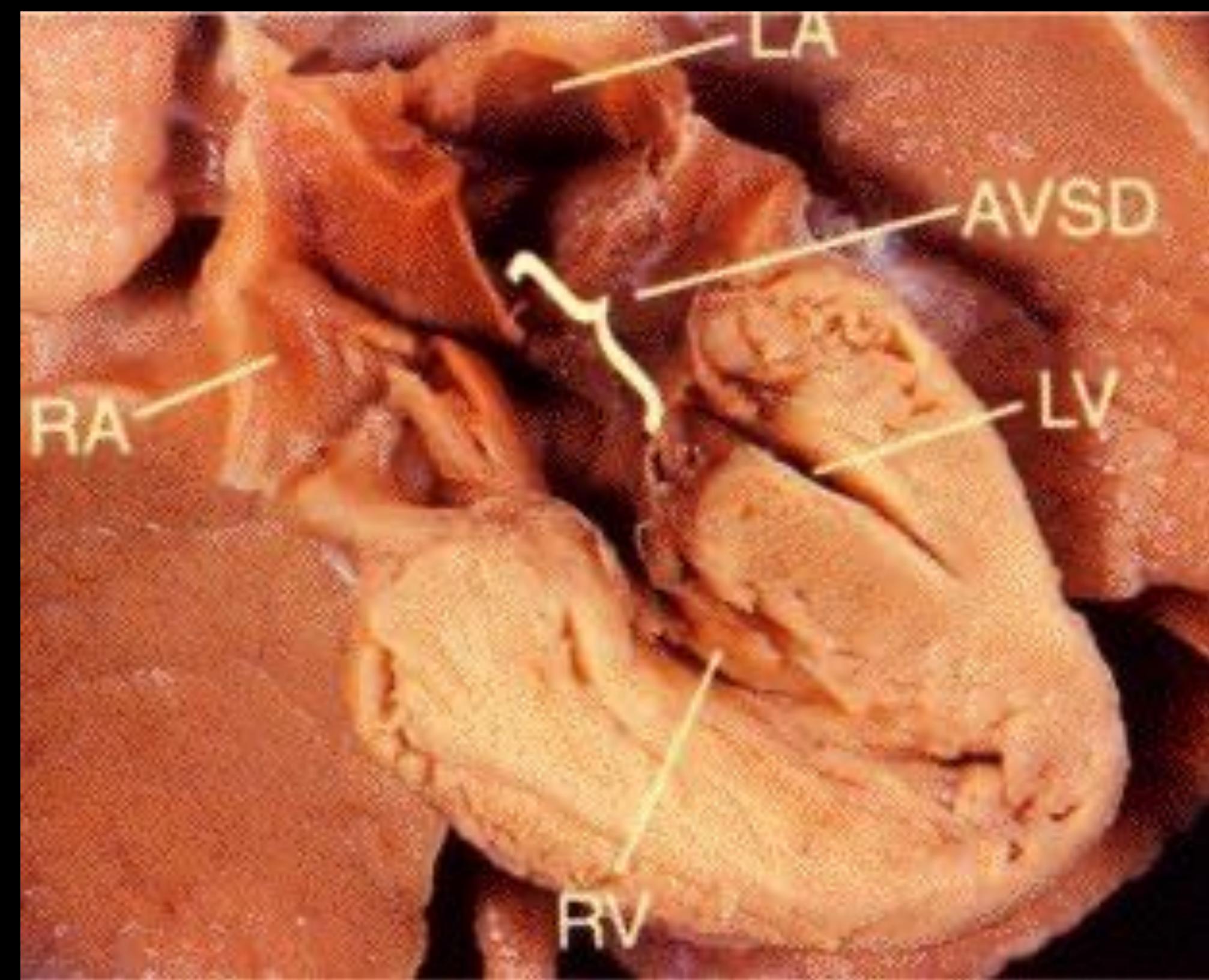


Ostium primum small

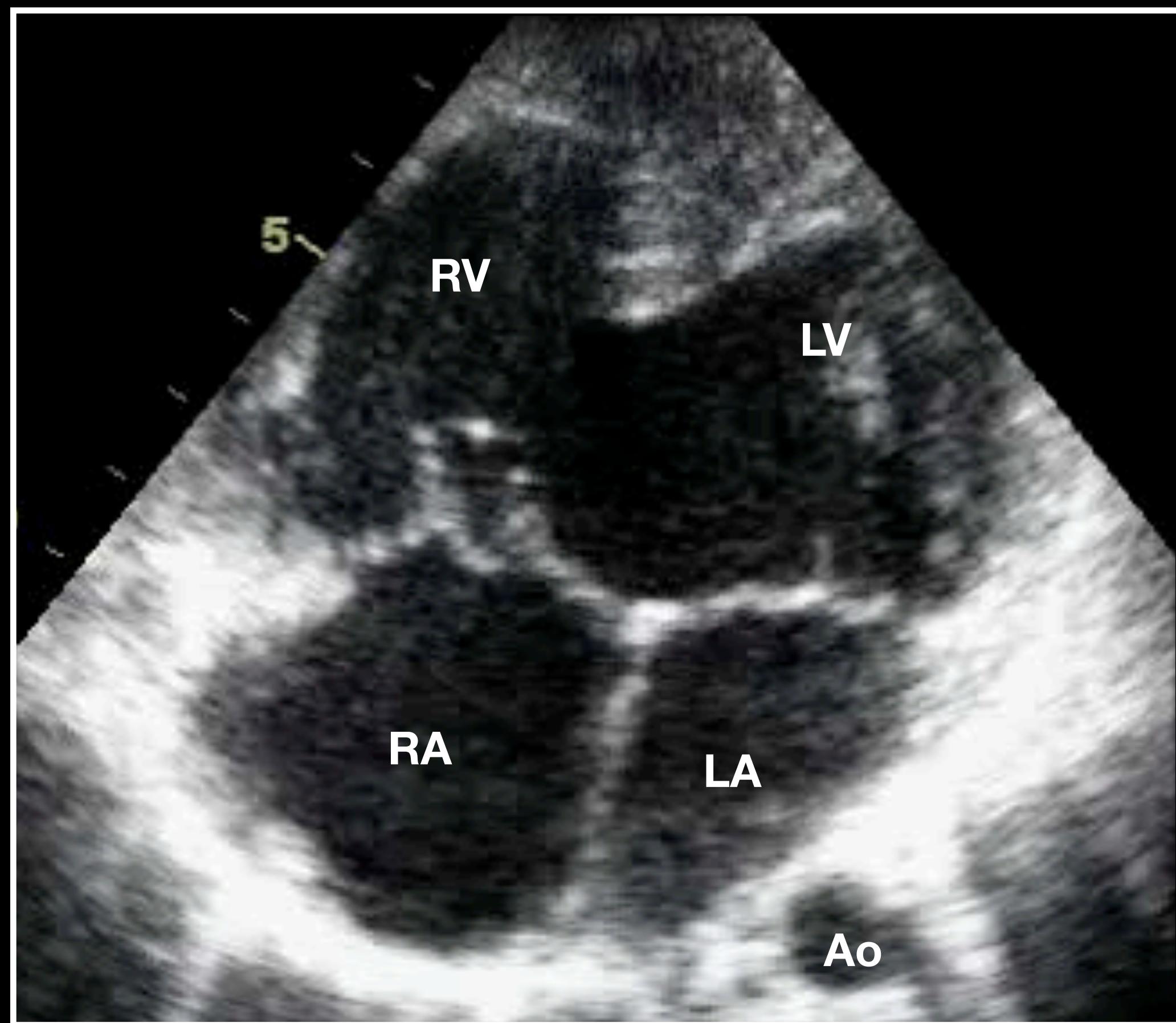




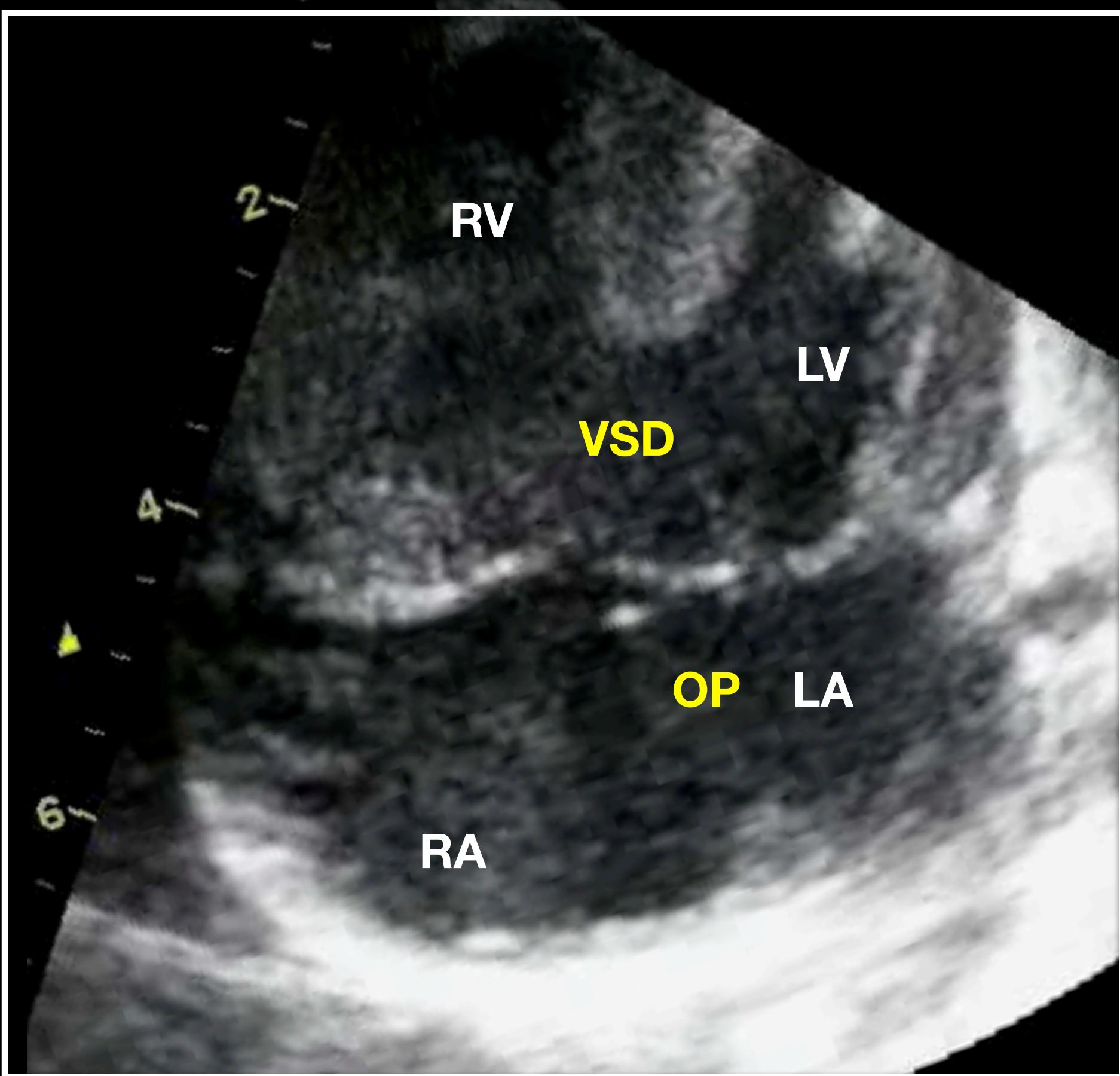
VSD in AVSD



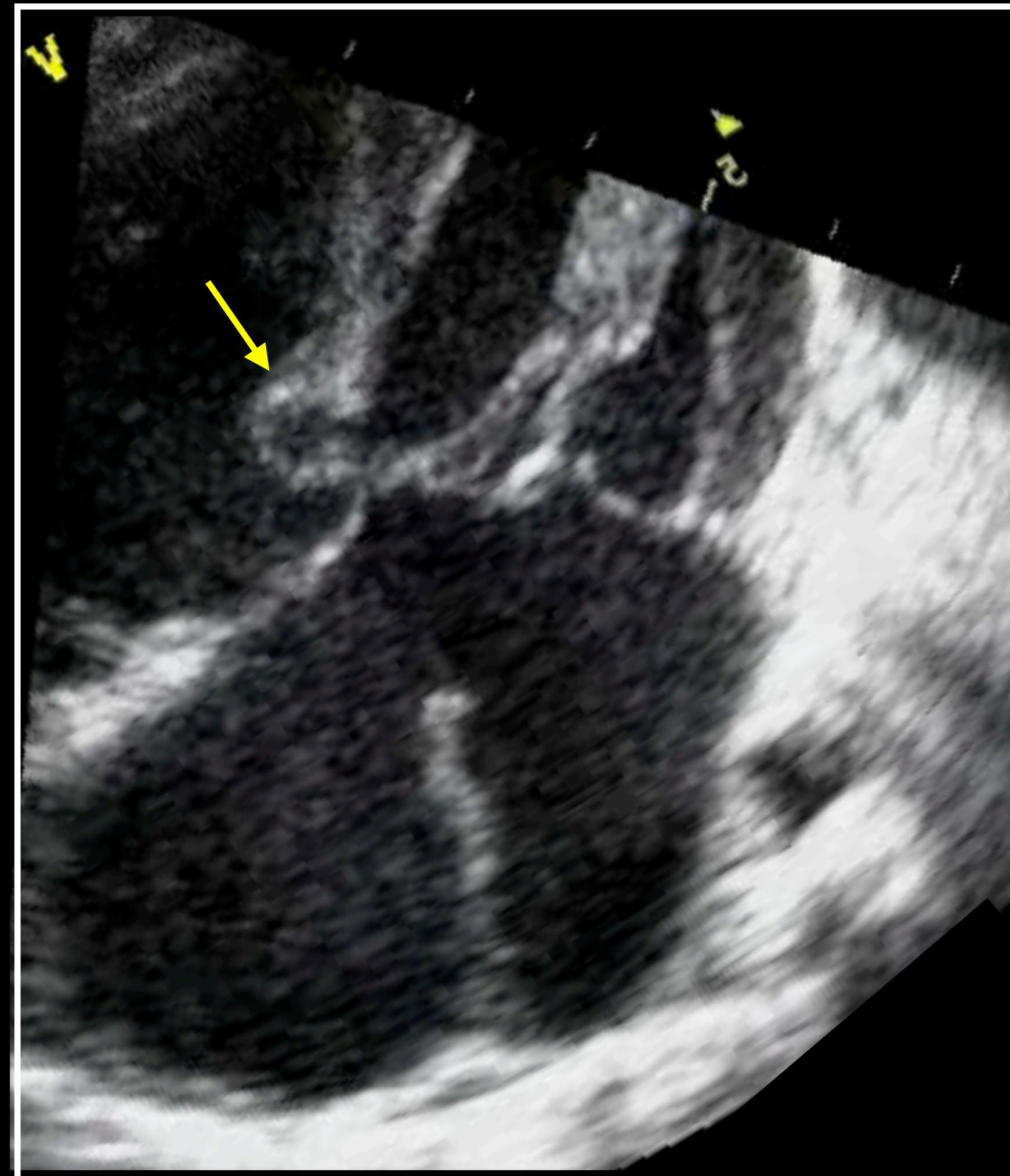
Inlet VSD



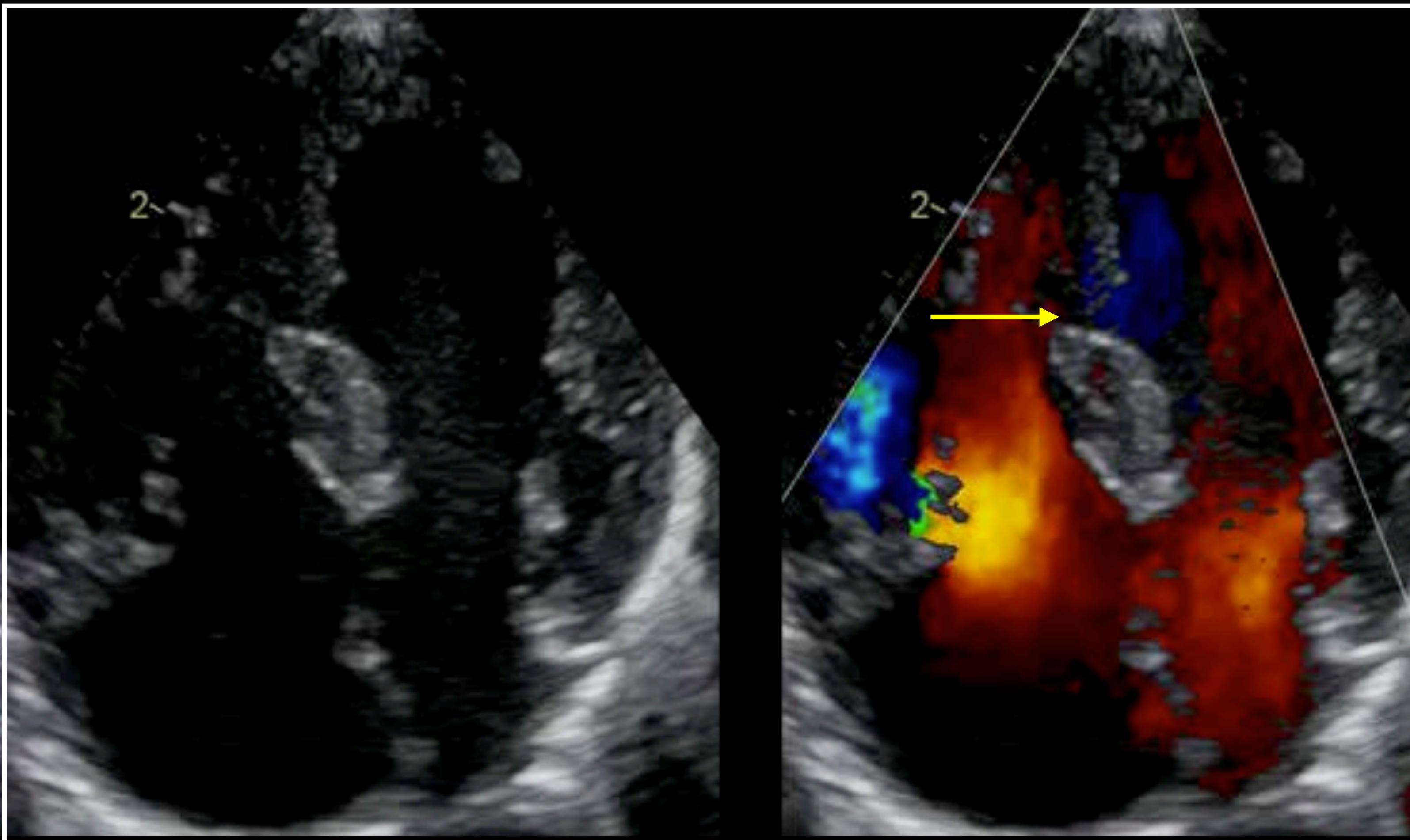
Complete AVSD



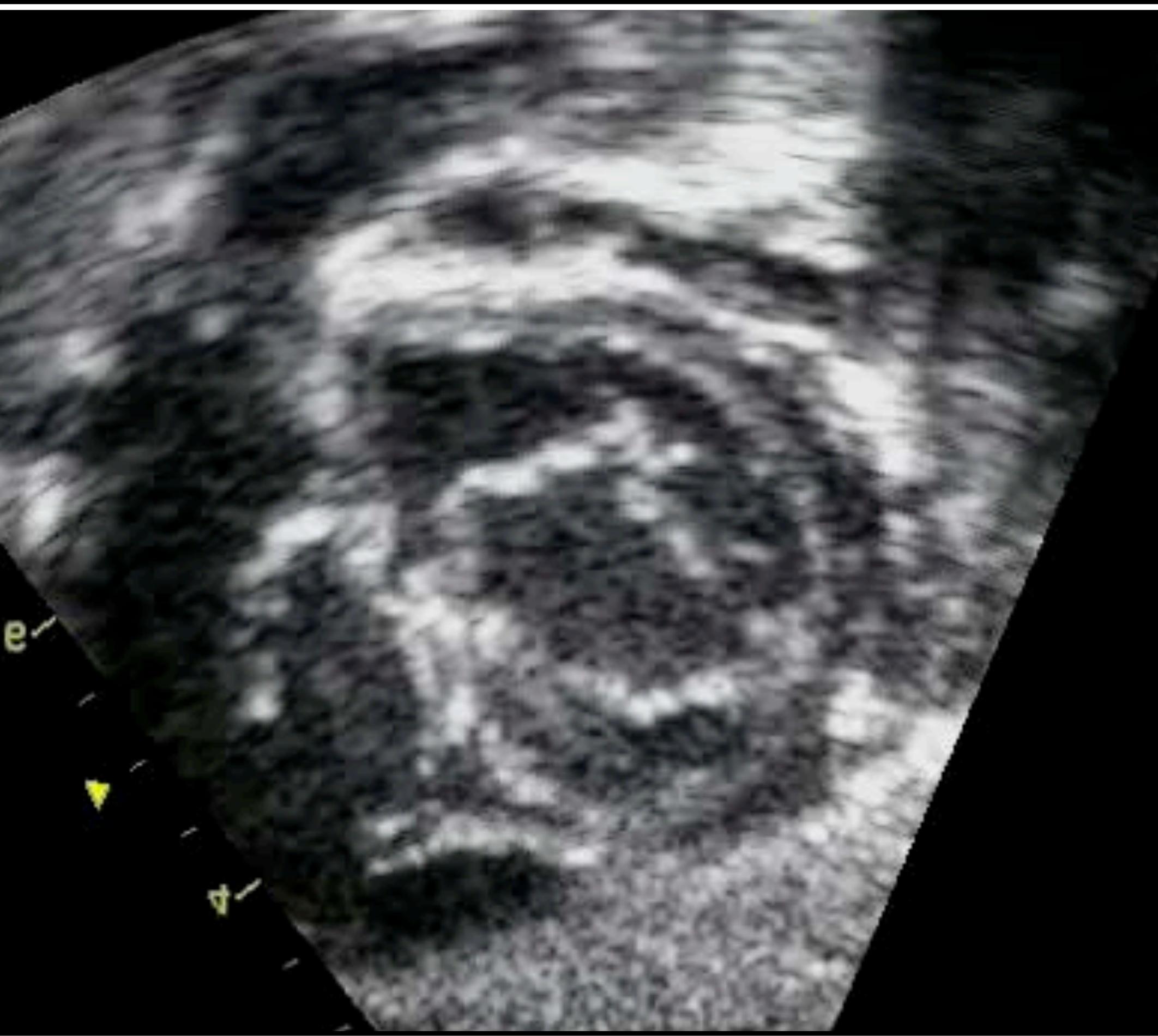
Complete AVSD with restrictive VSD



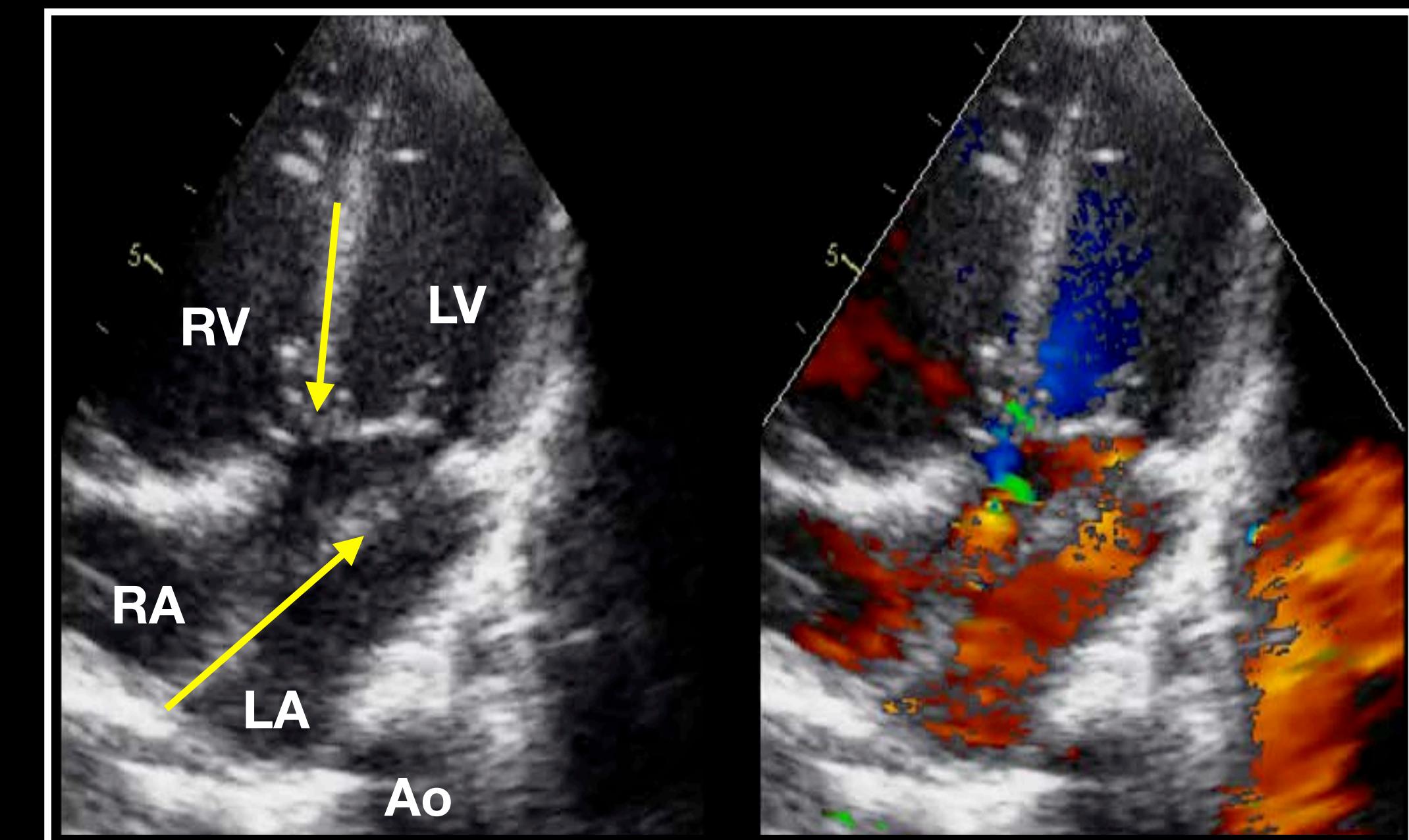
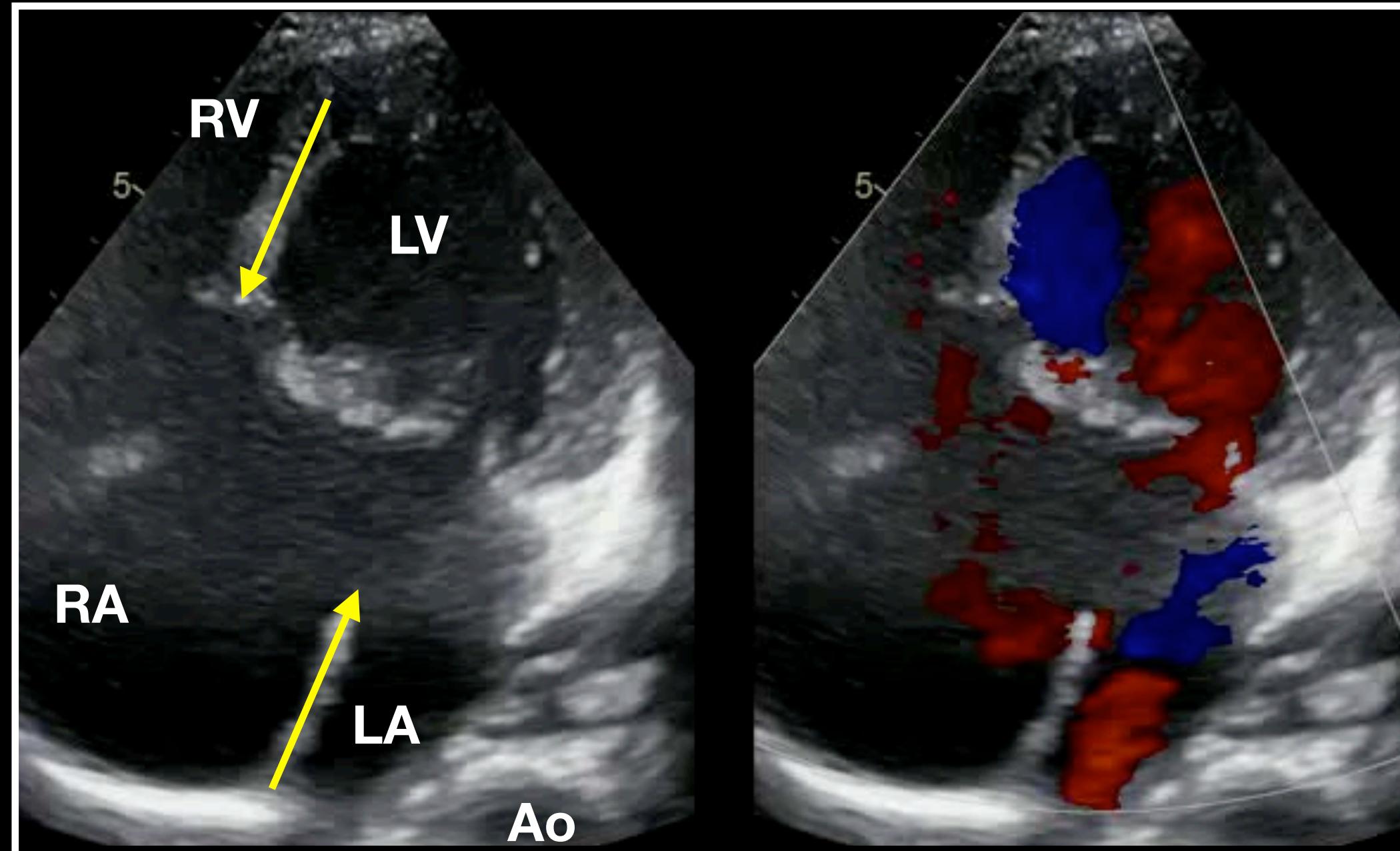
Muscular VSD in AVSD



Ventricles in AVSD

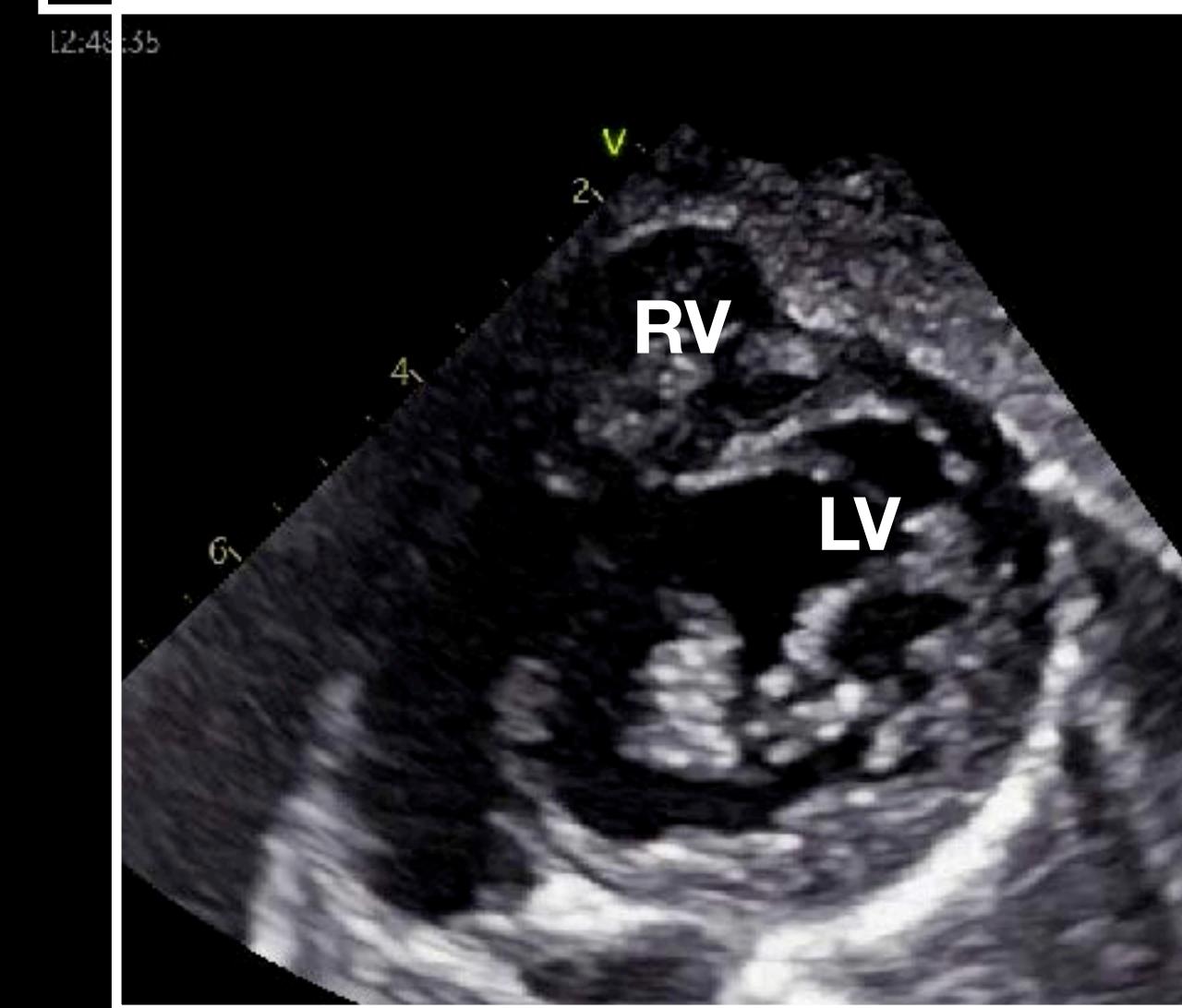
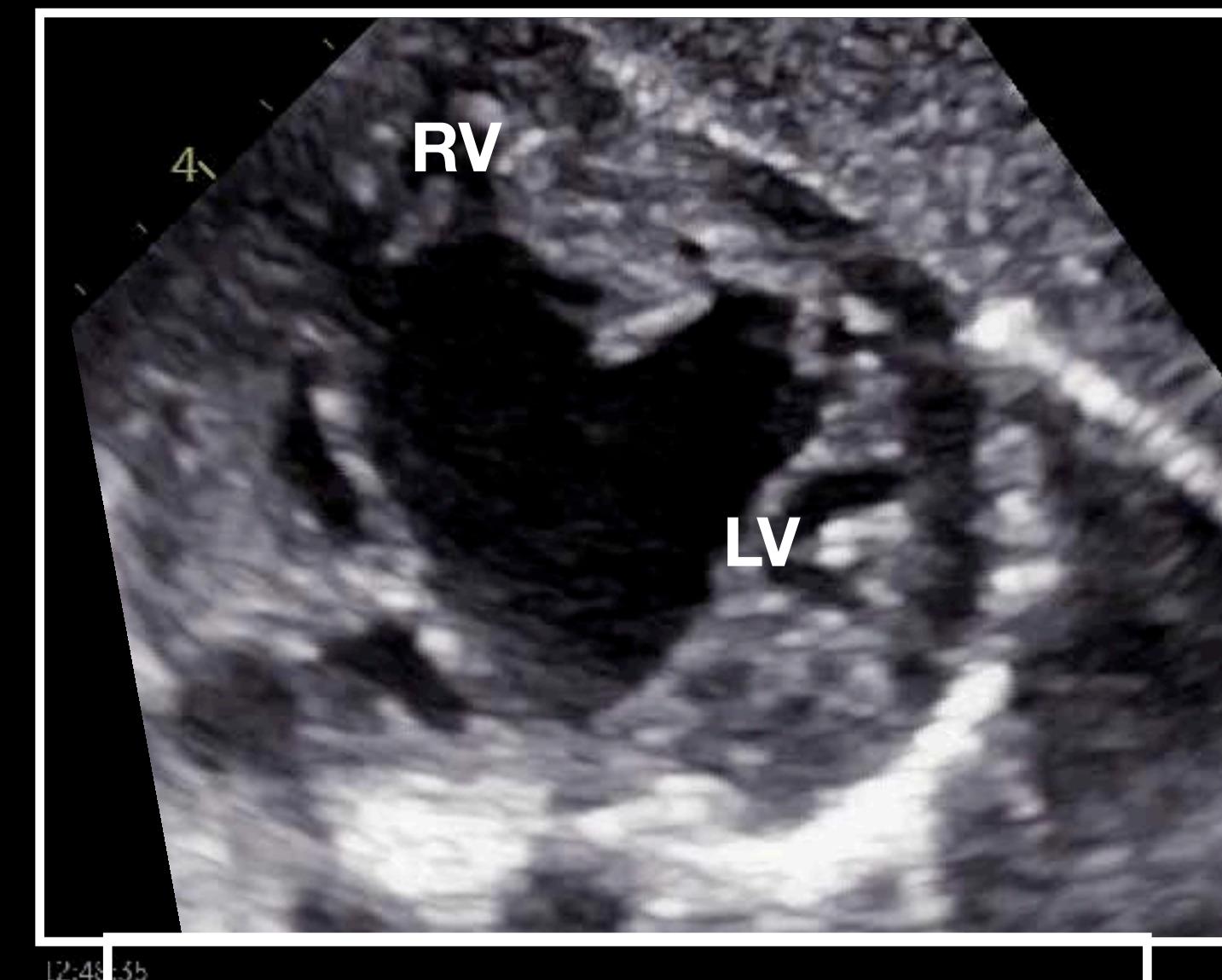
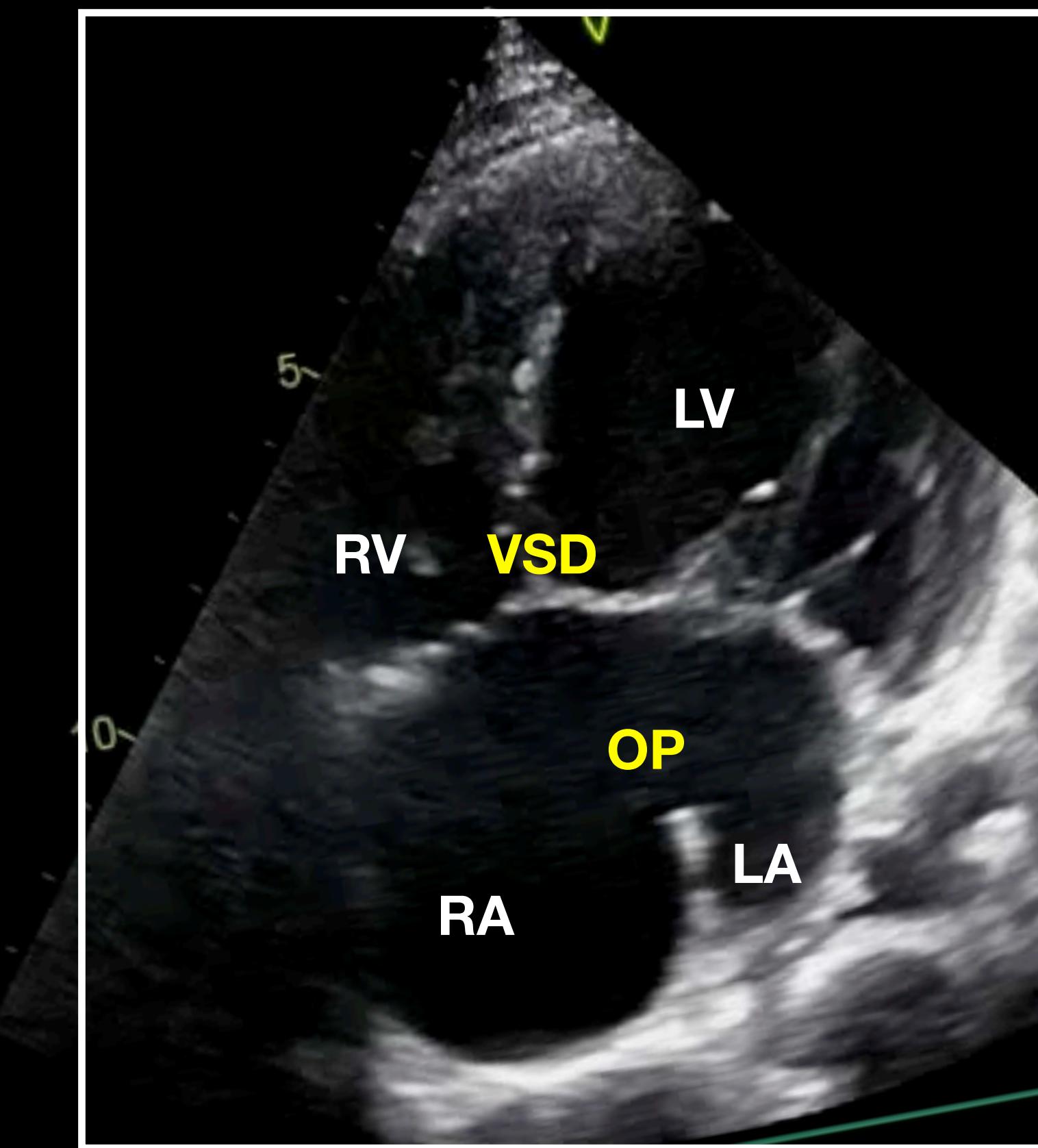


Malalignment of atrial and ventricular septa



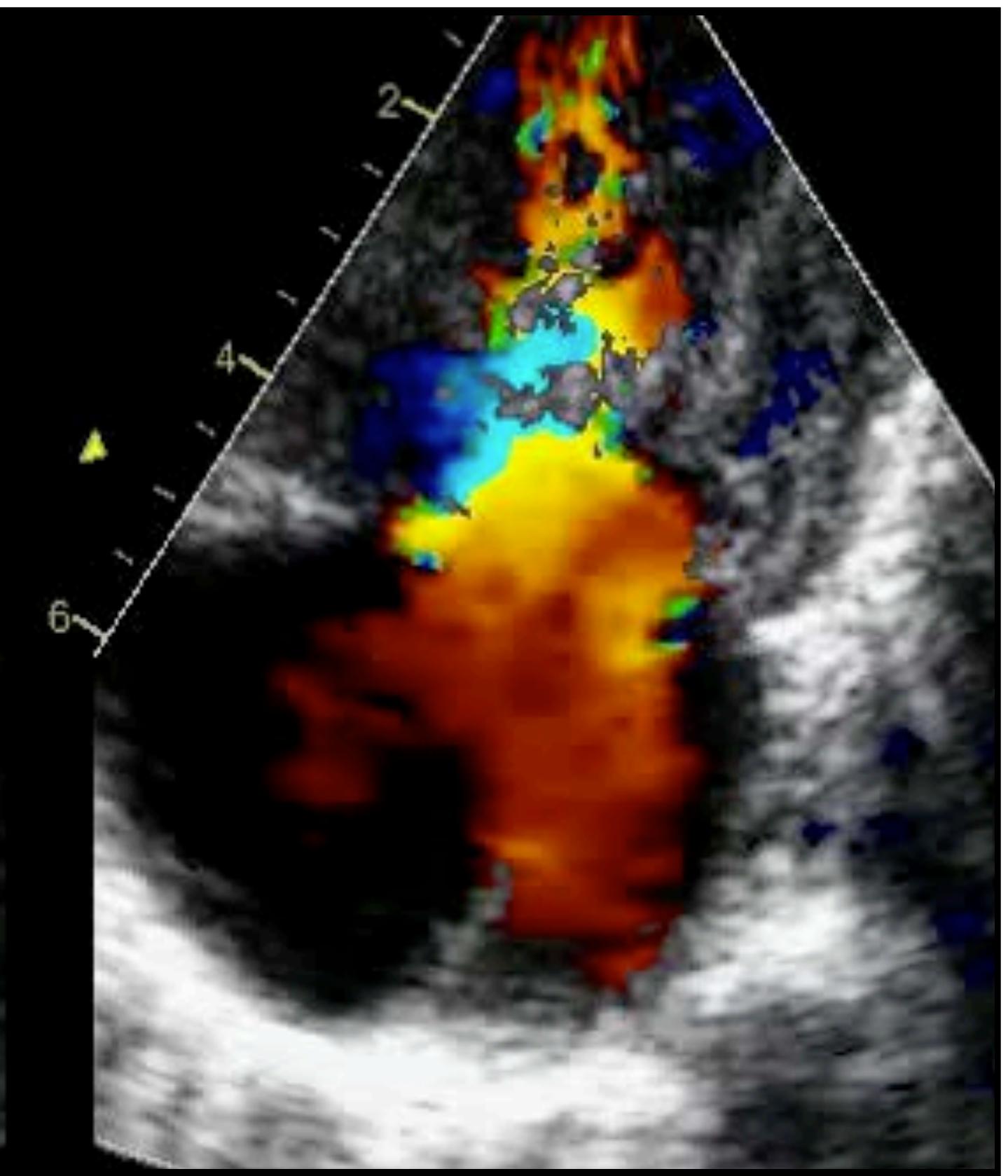
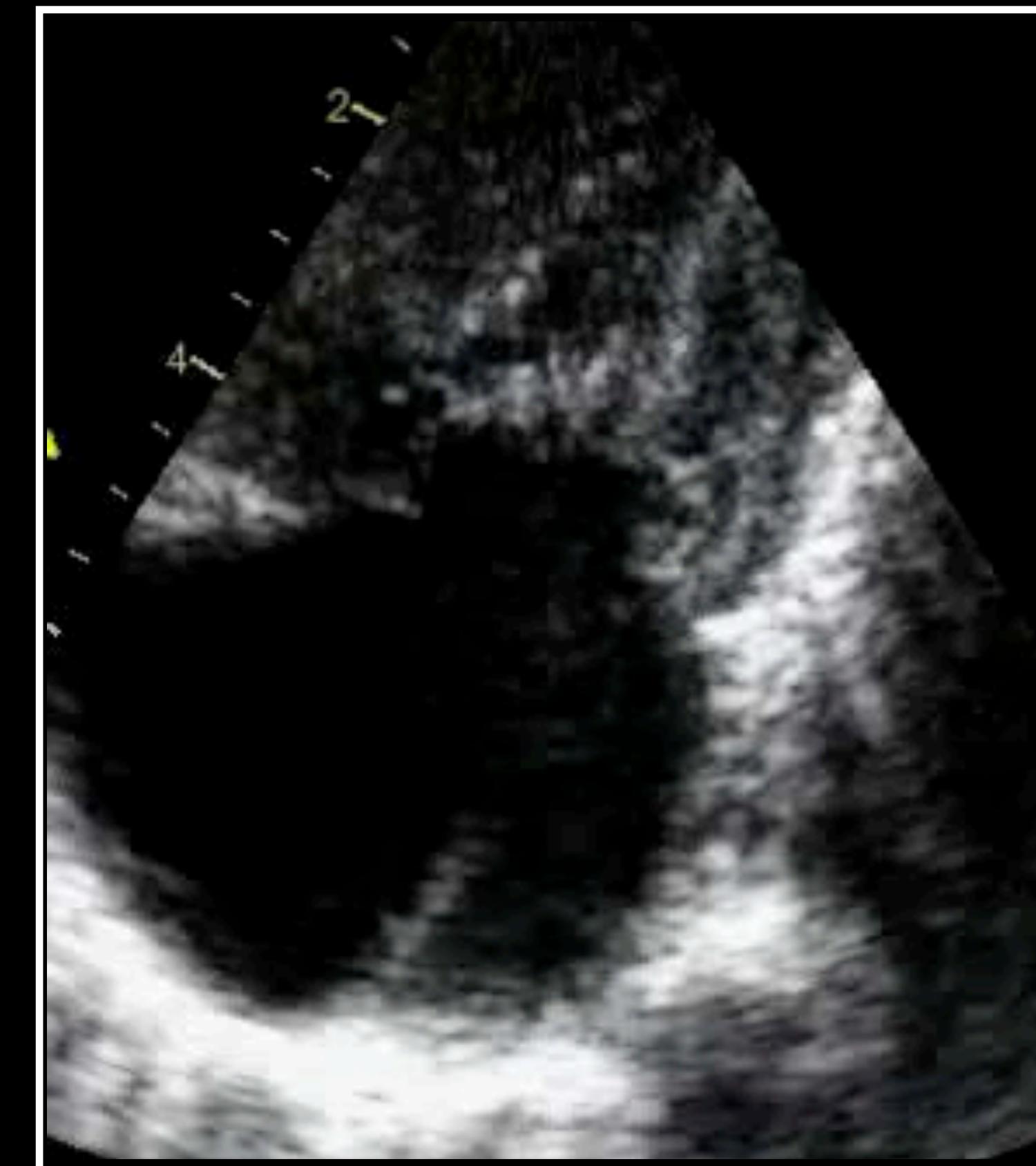
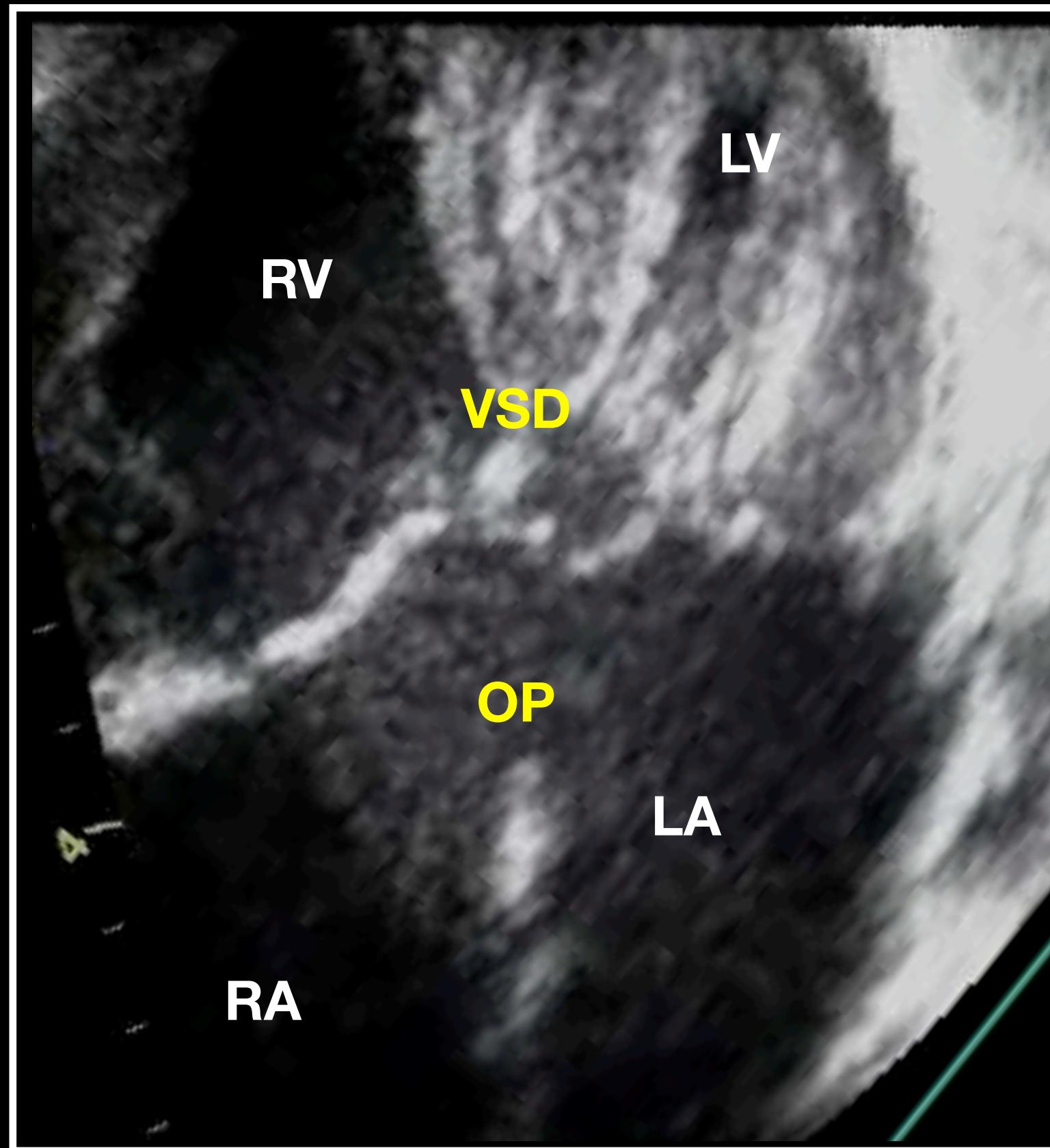
Ventricles in AVSD

Small RV



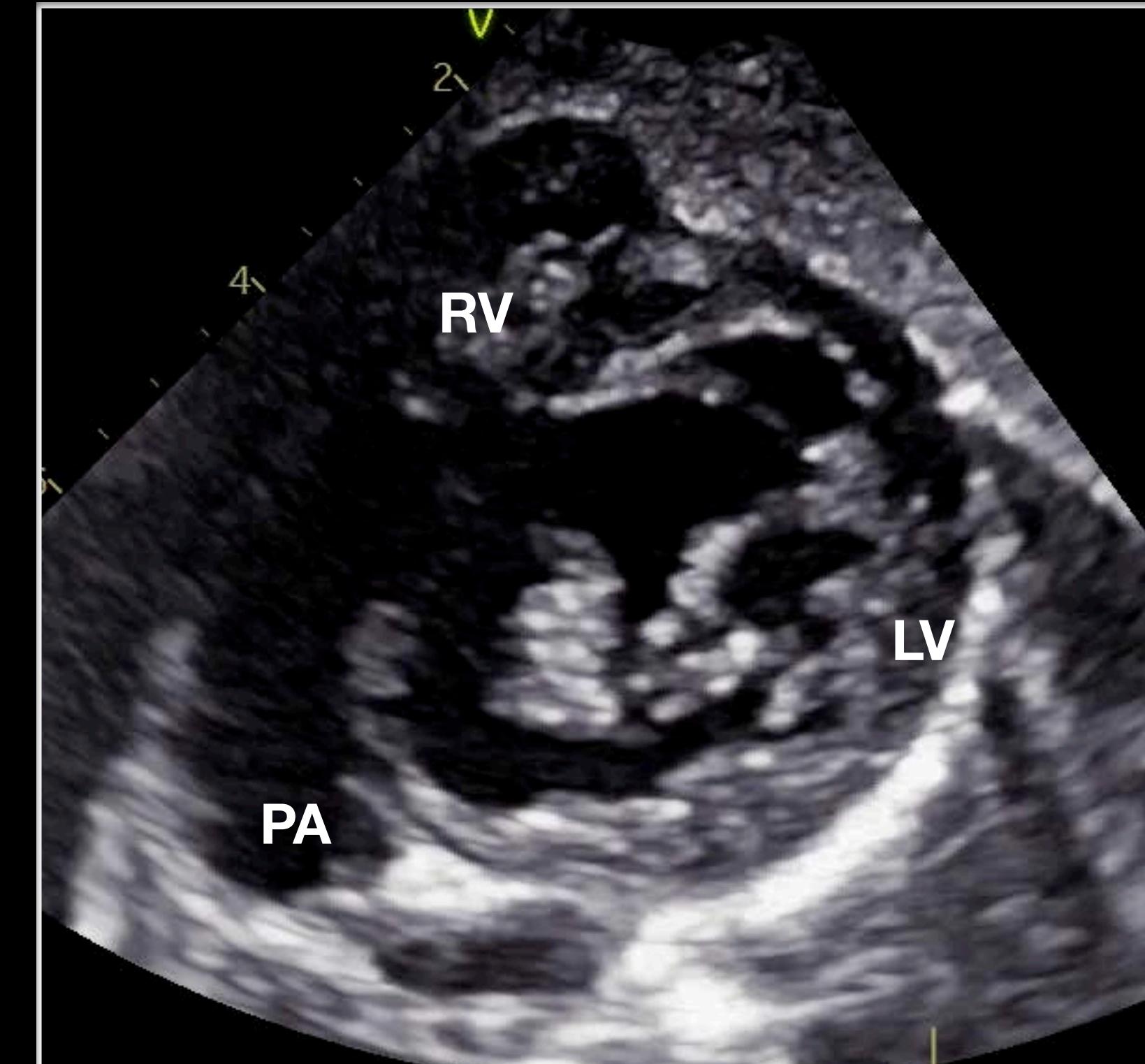
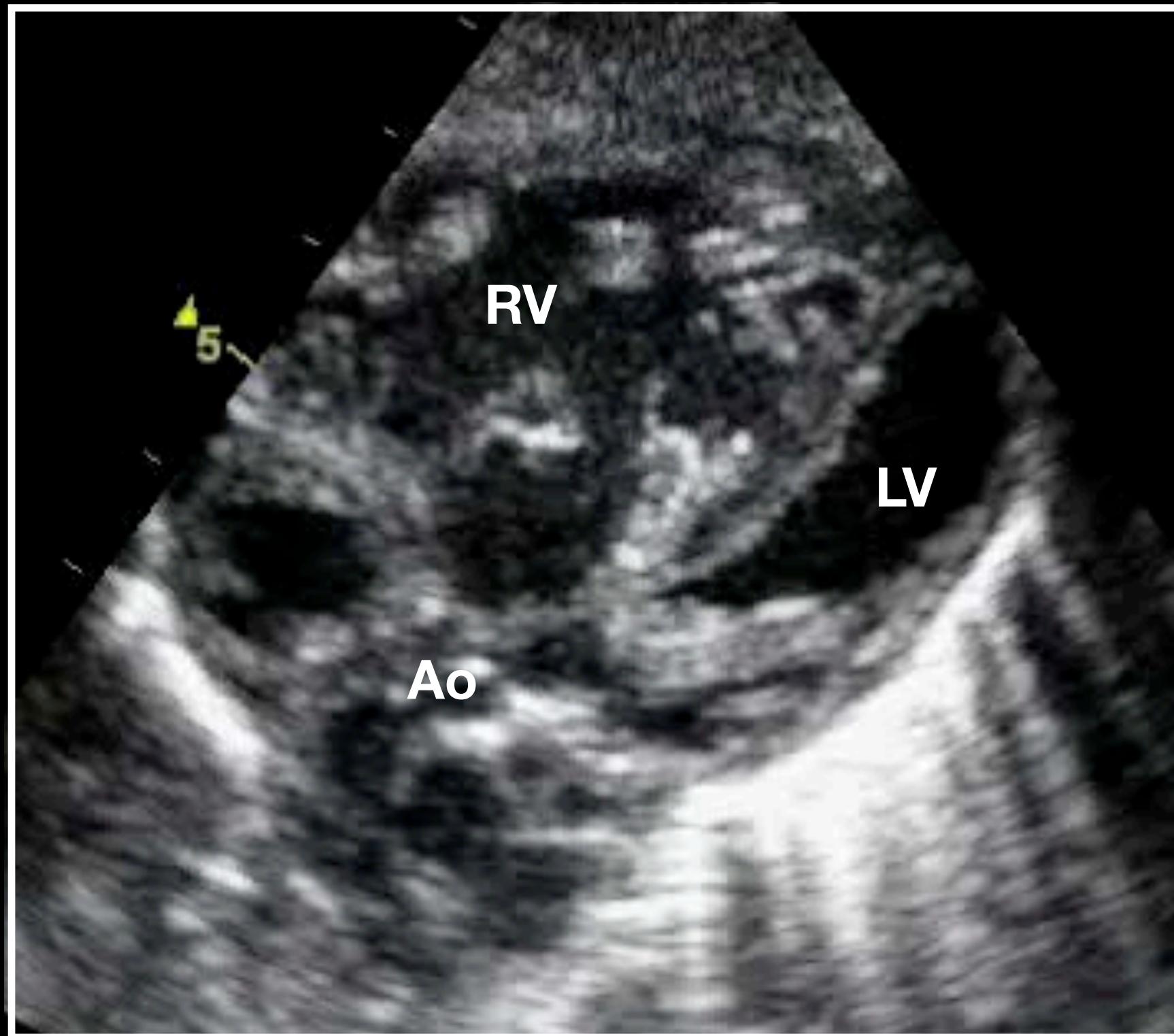
Ventricles in AVSD

Small LV

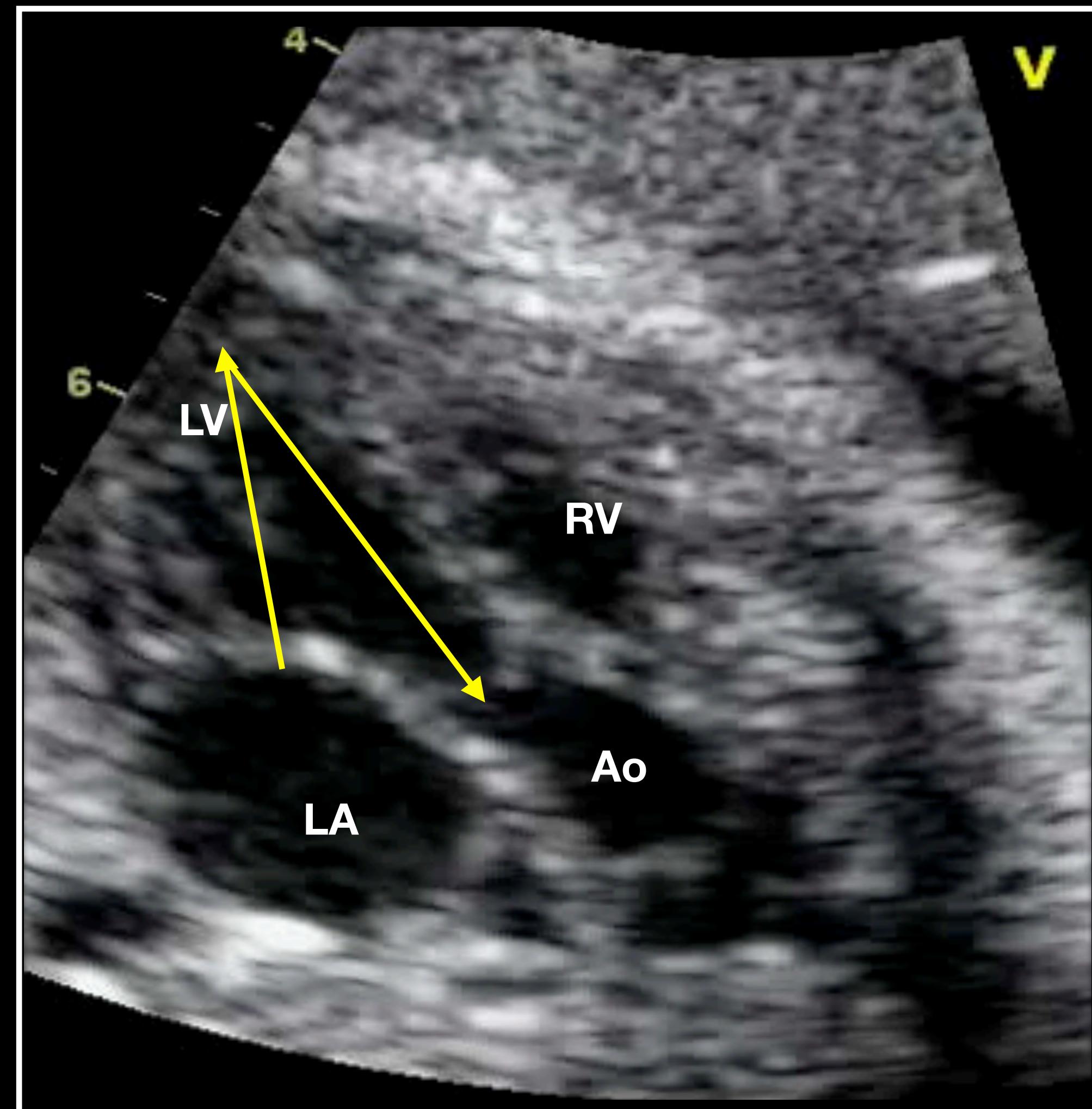
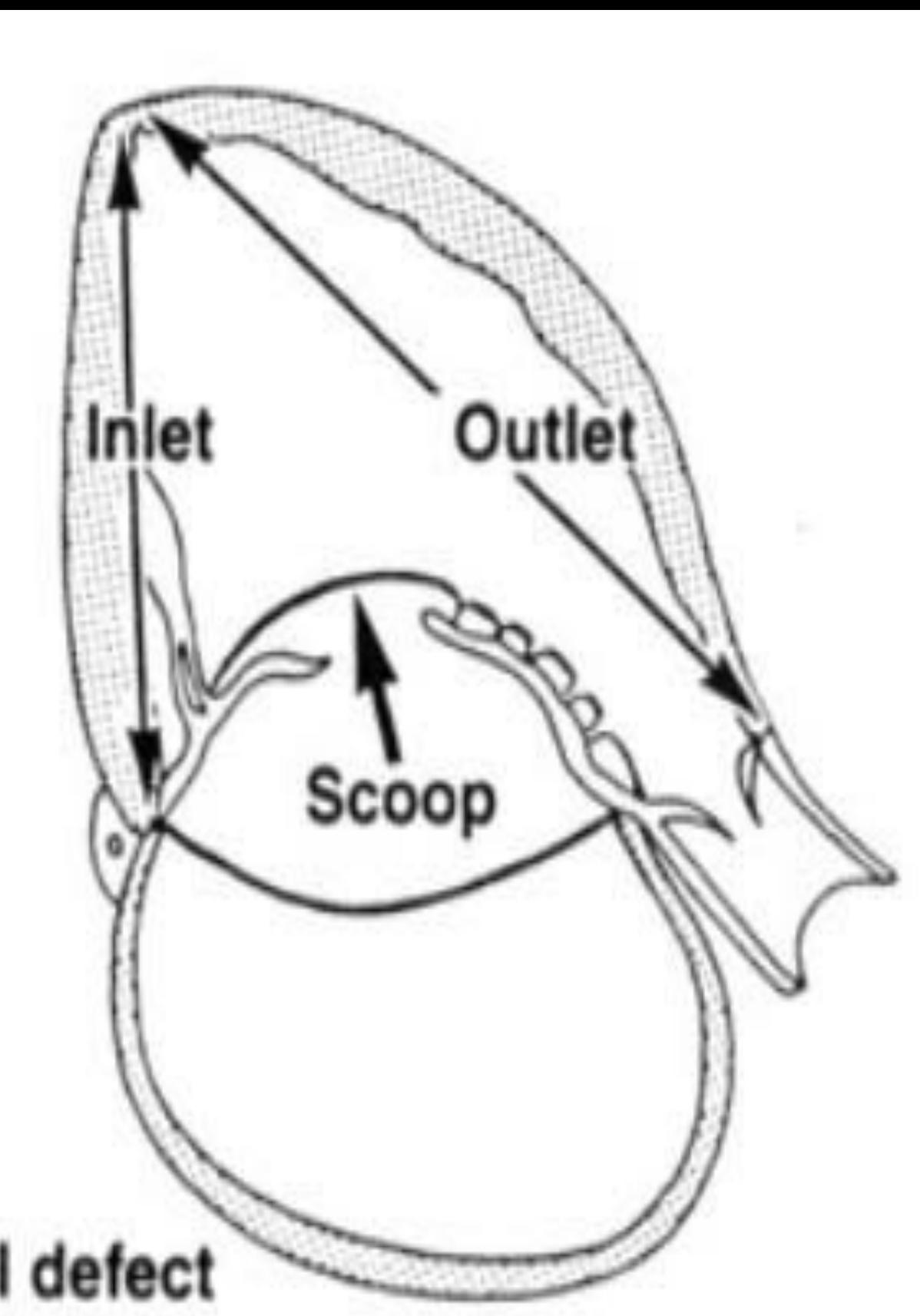


Ventricles in AVSD

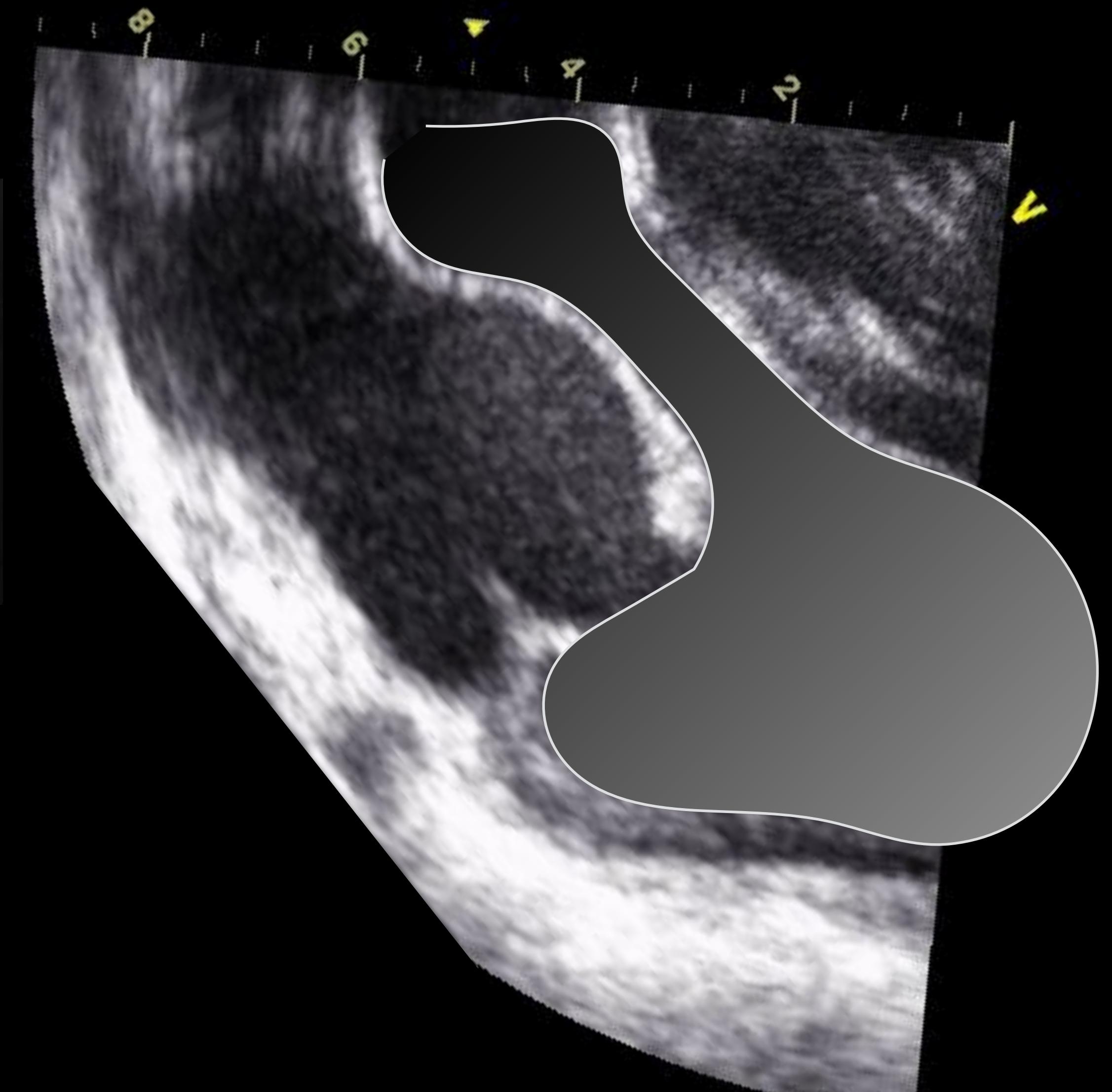
Hypoplastic left ventricle - Hypoplastic right ventricle



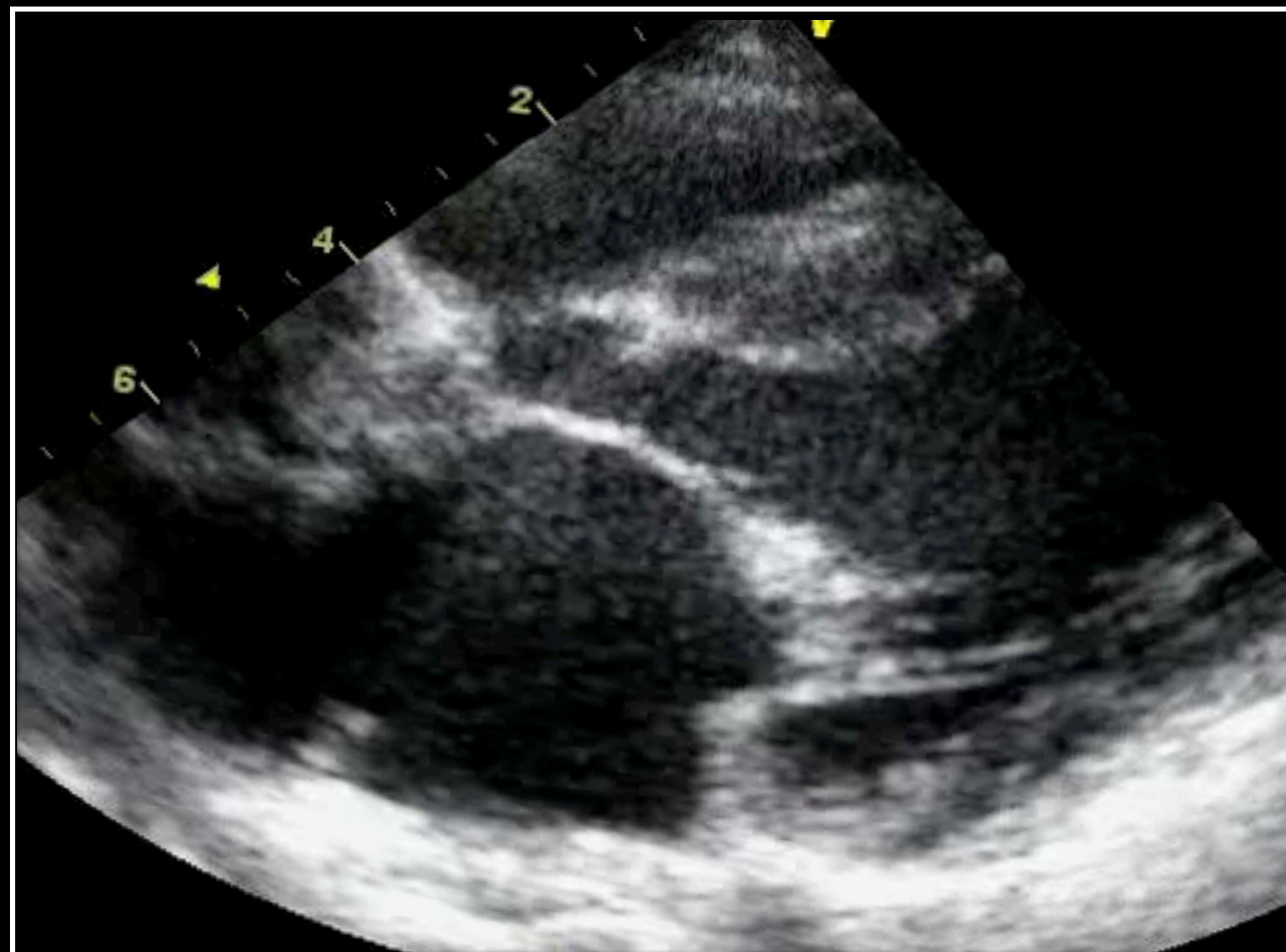
Outflow tracts in AVSD



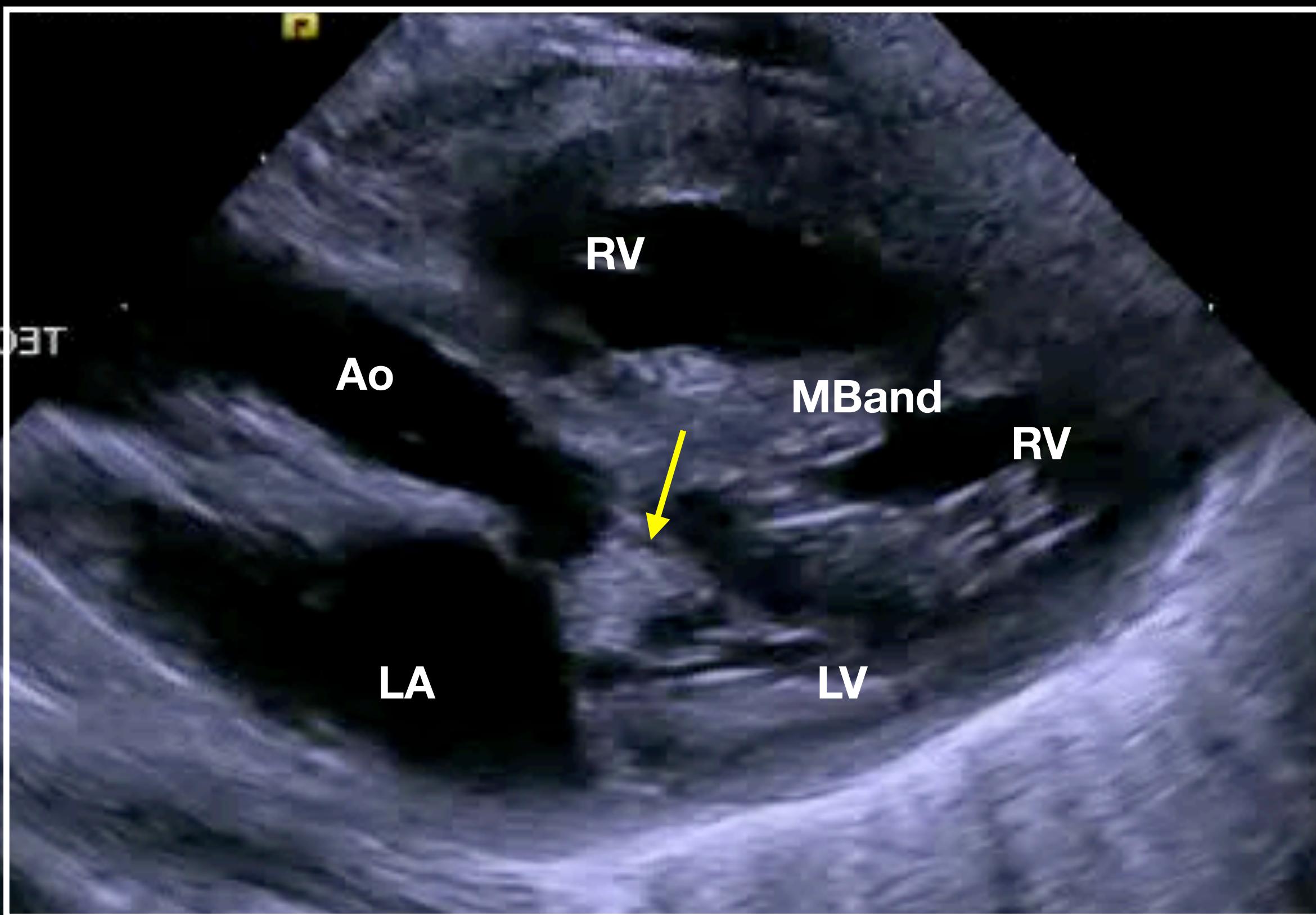
Goose Neck in AVSD



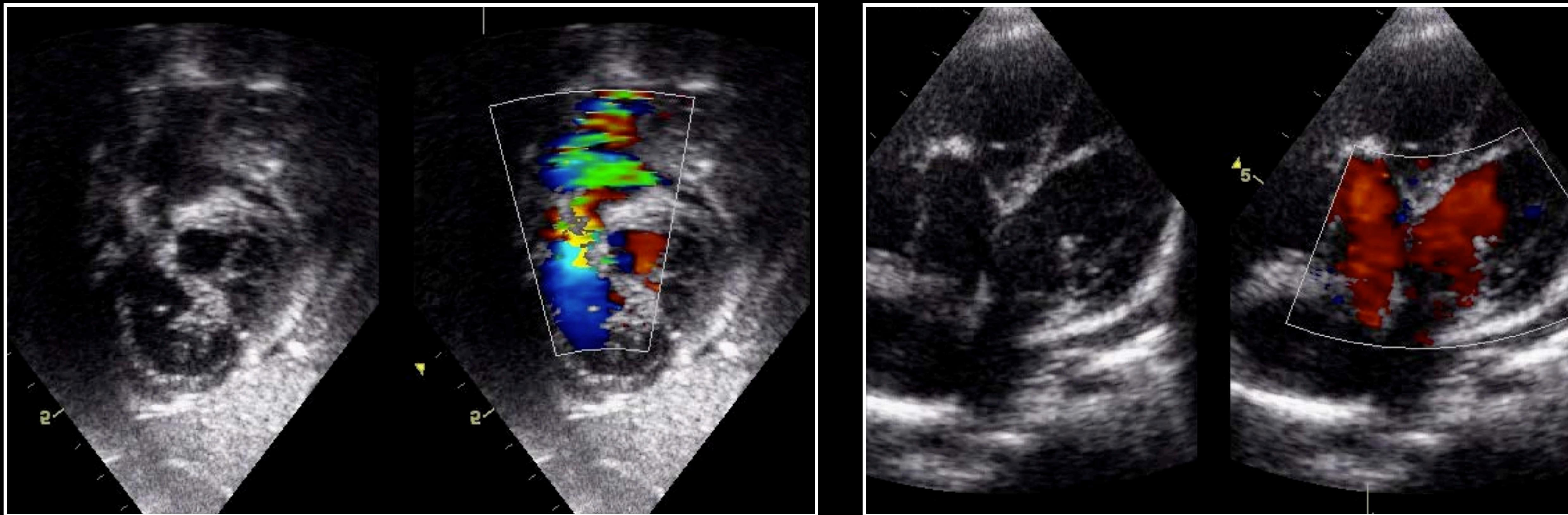
Goose Neck in AVSD



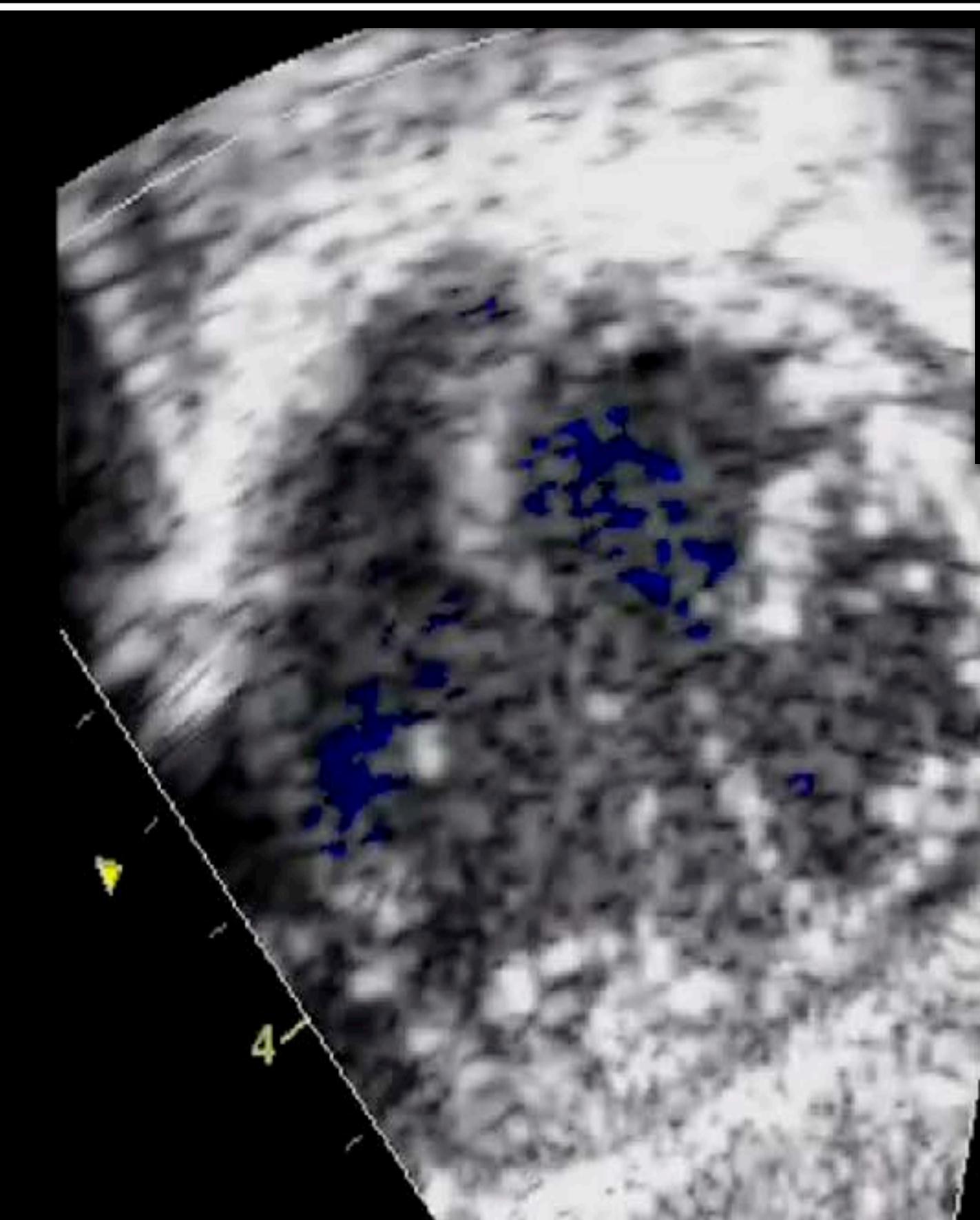
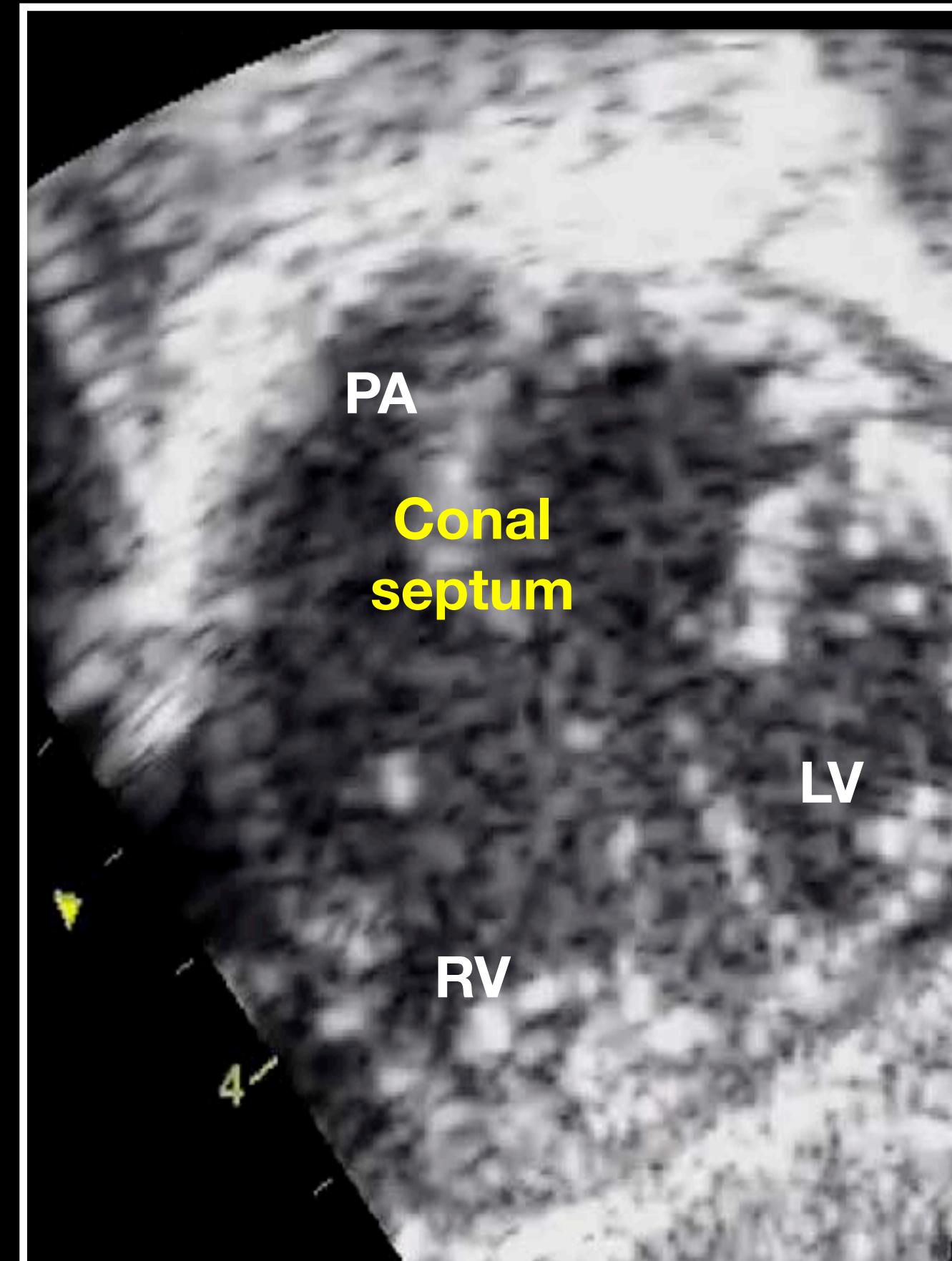
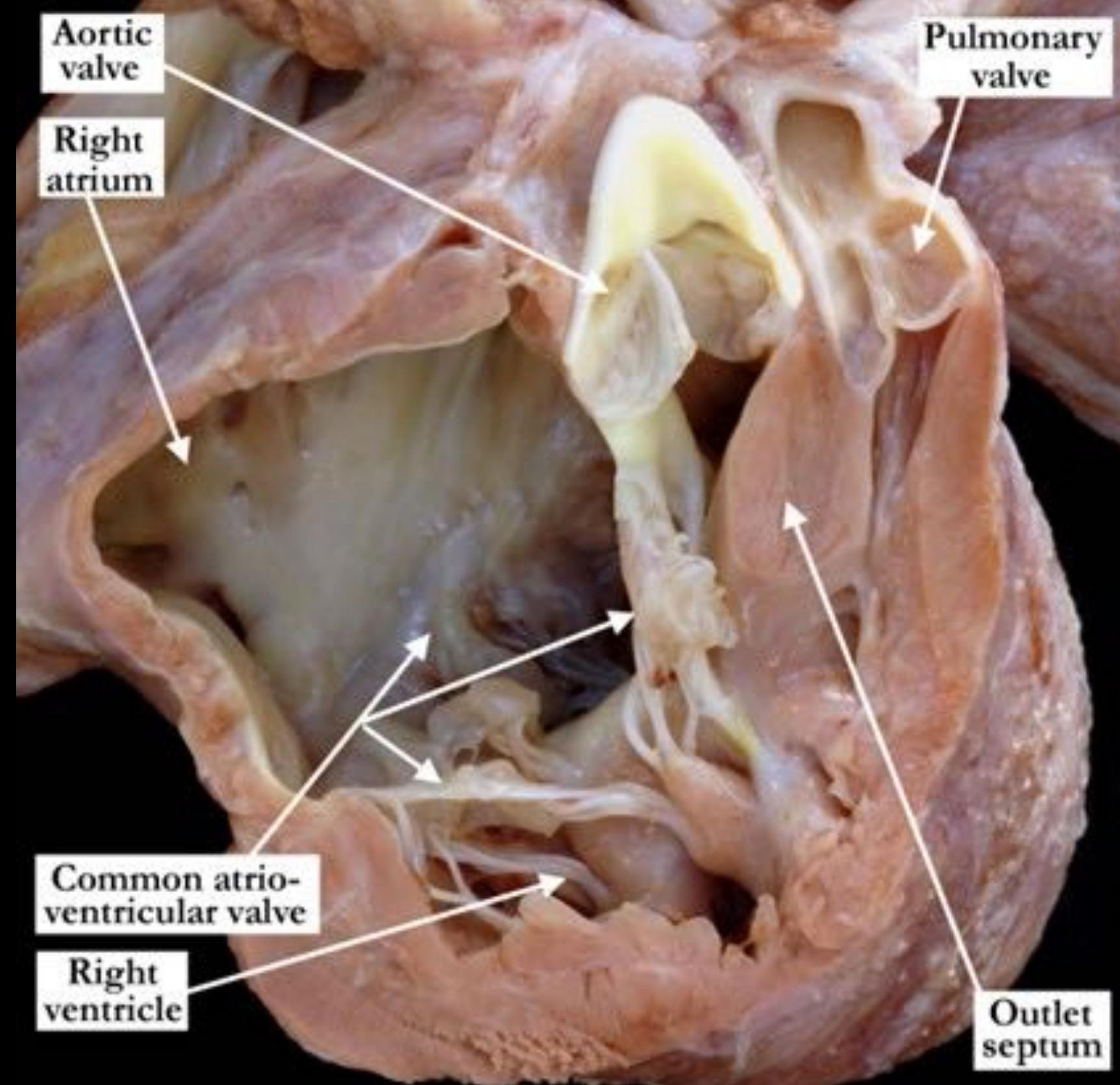
Left outflow tract in AVSD



Pulmonary valve stenosis in AVSD

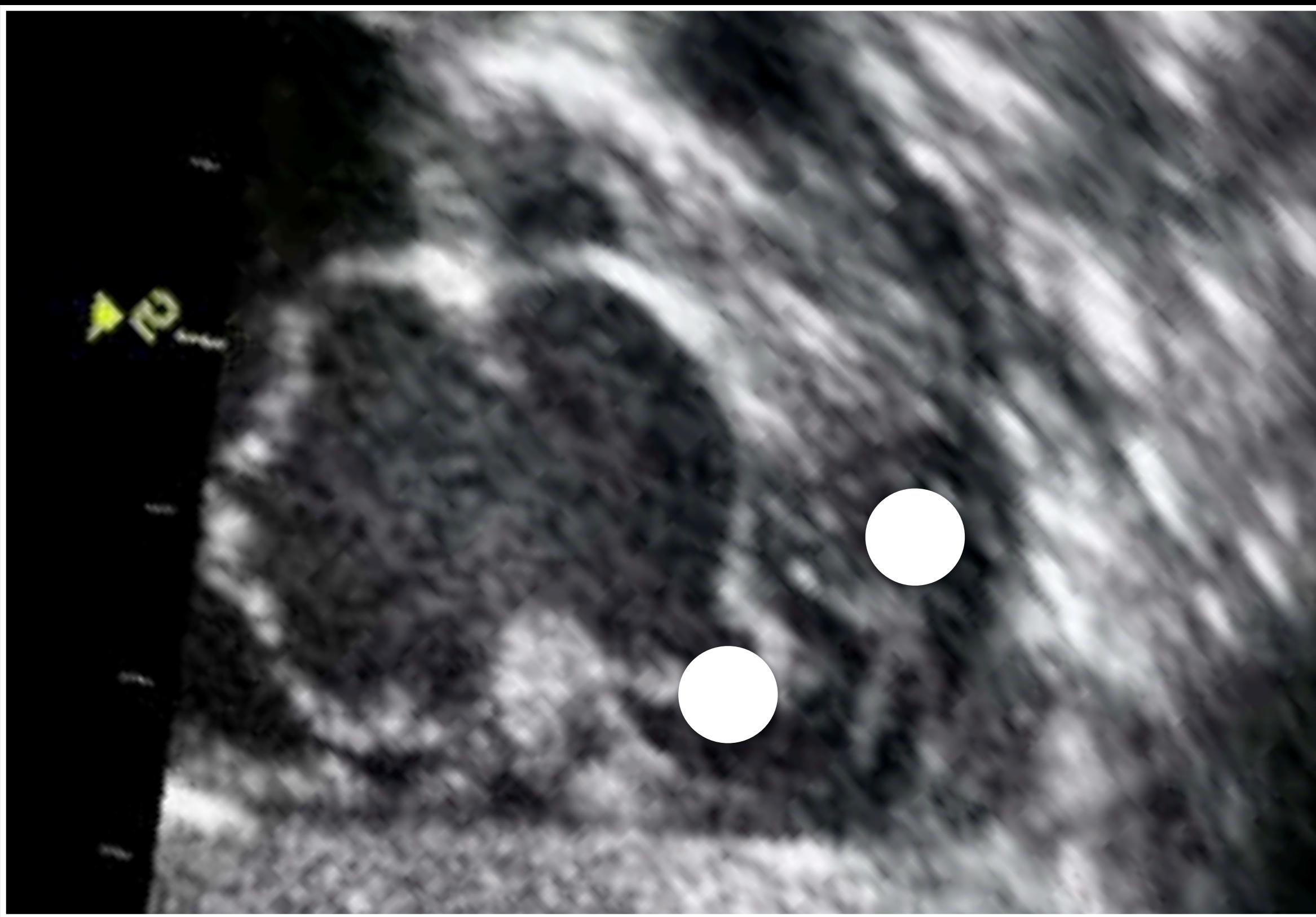


AVSD & Fallot



Atrioventricular valves in AVSD

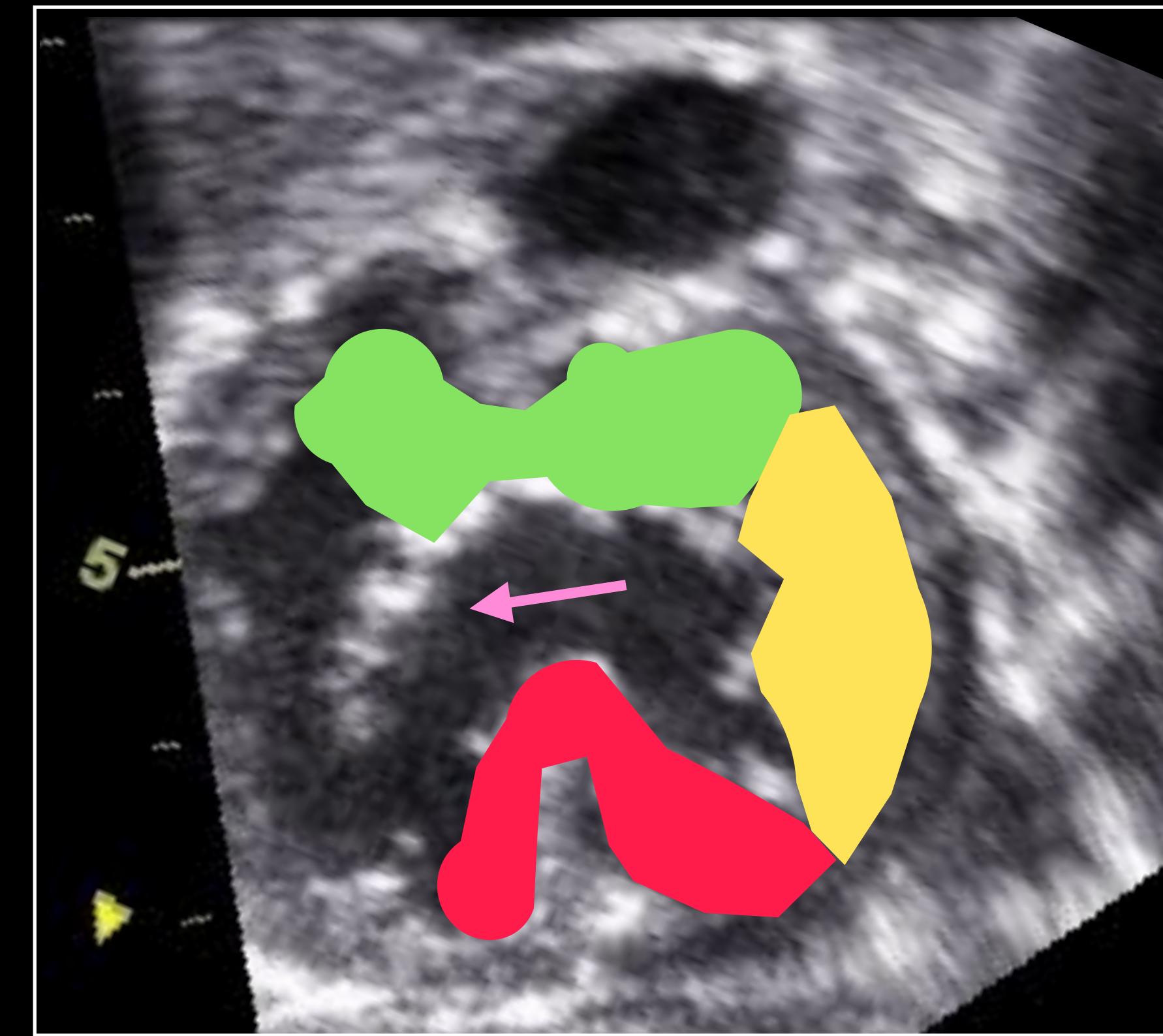
Malpositions of the papillary muscles



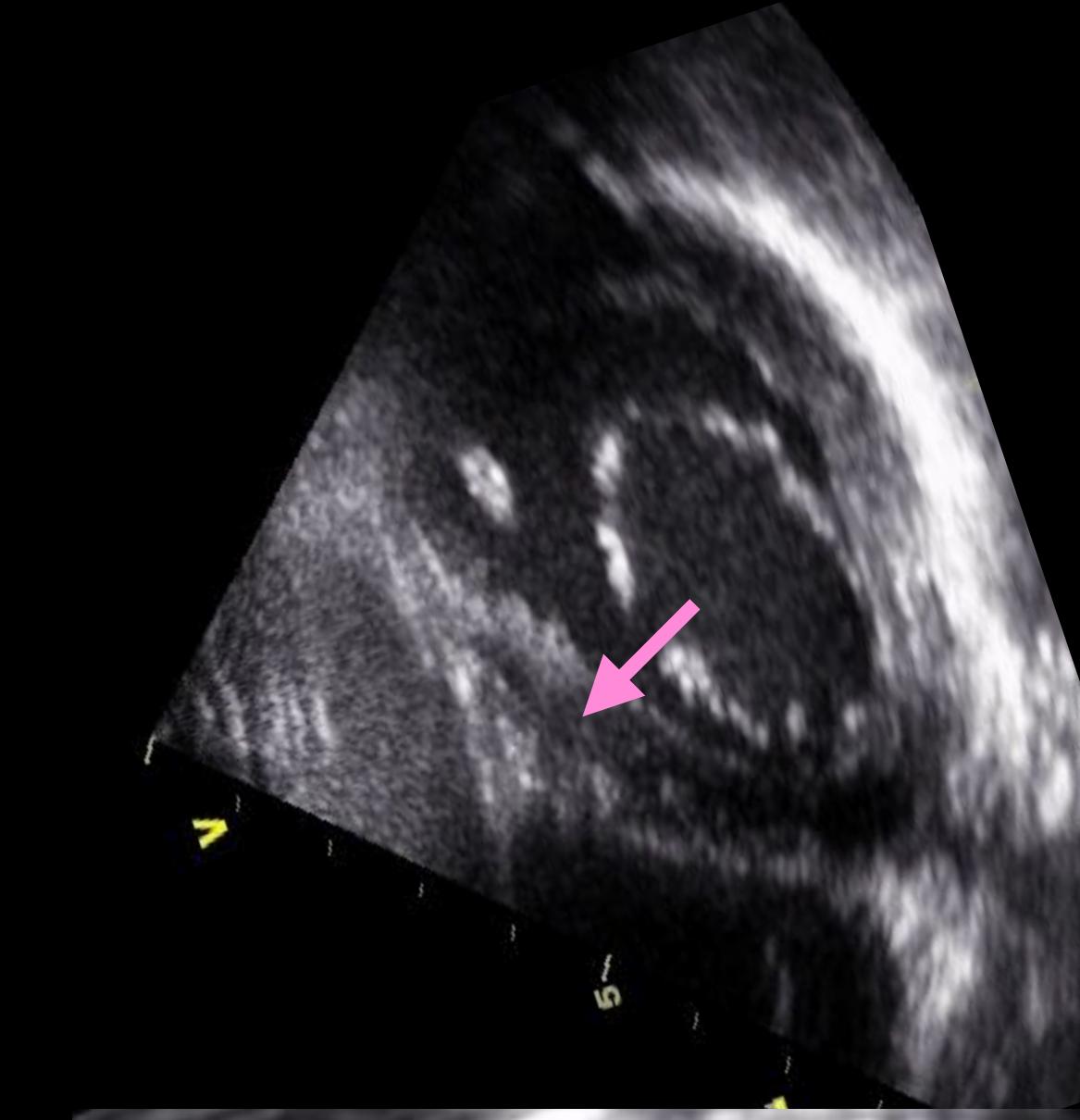
Atrioventricular valves in AVSD



Atrioventricular valves in AVSD



Isolated mitral cleft

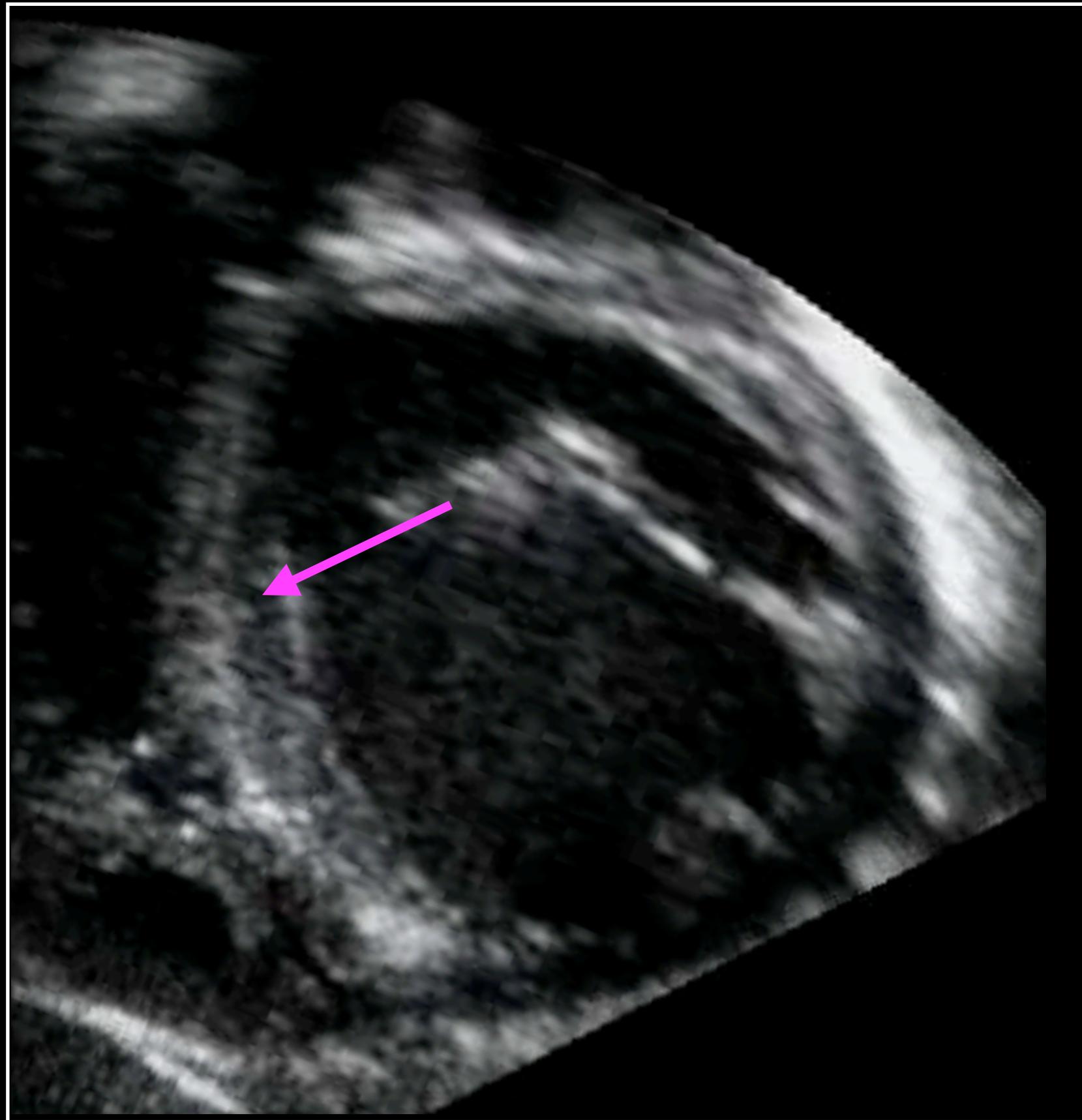


AVSD type

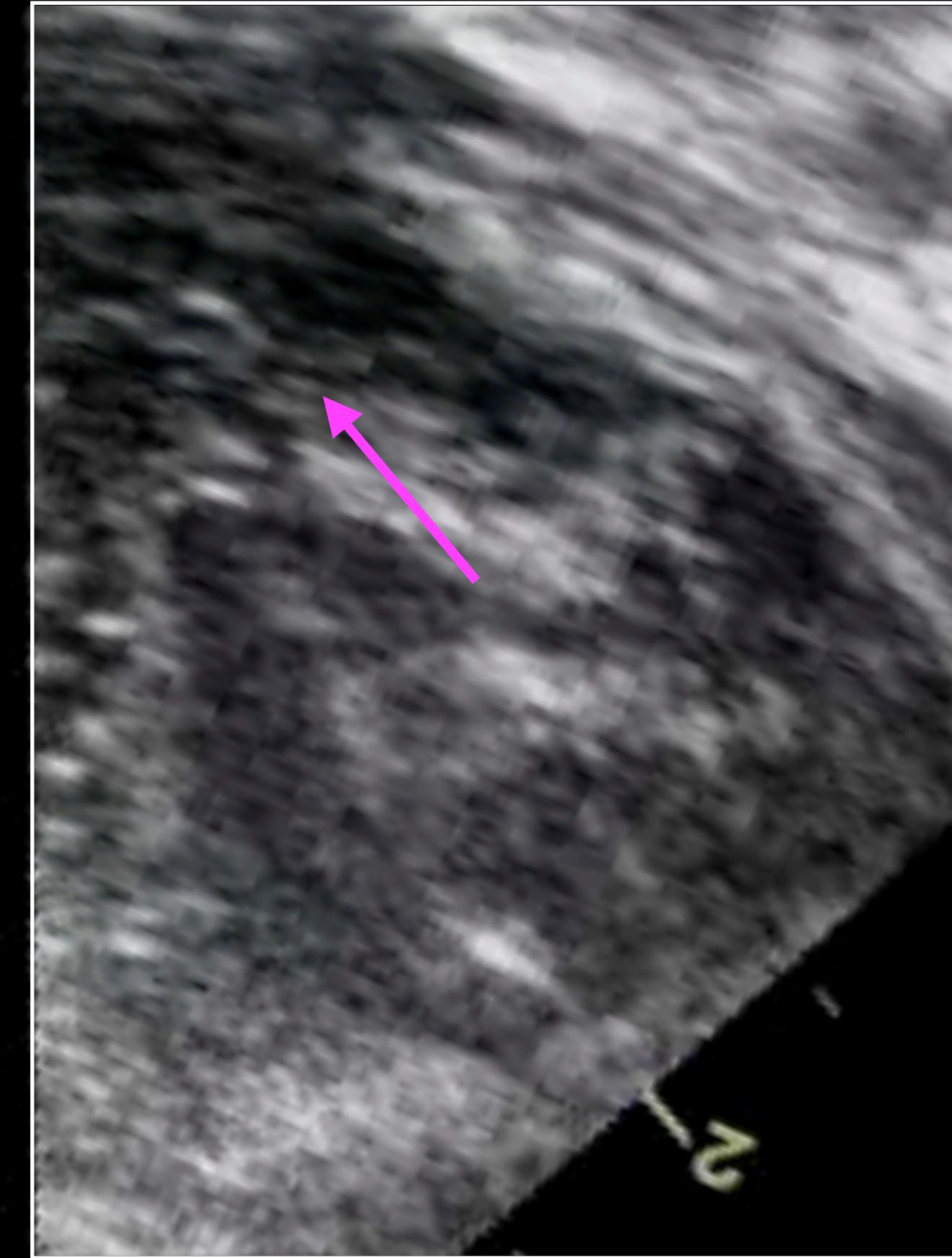


Outlet type

Mitral clefts: two types

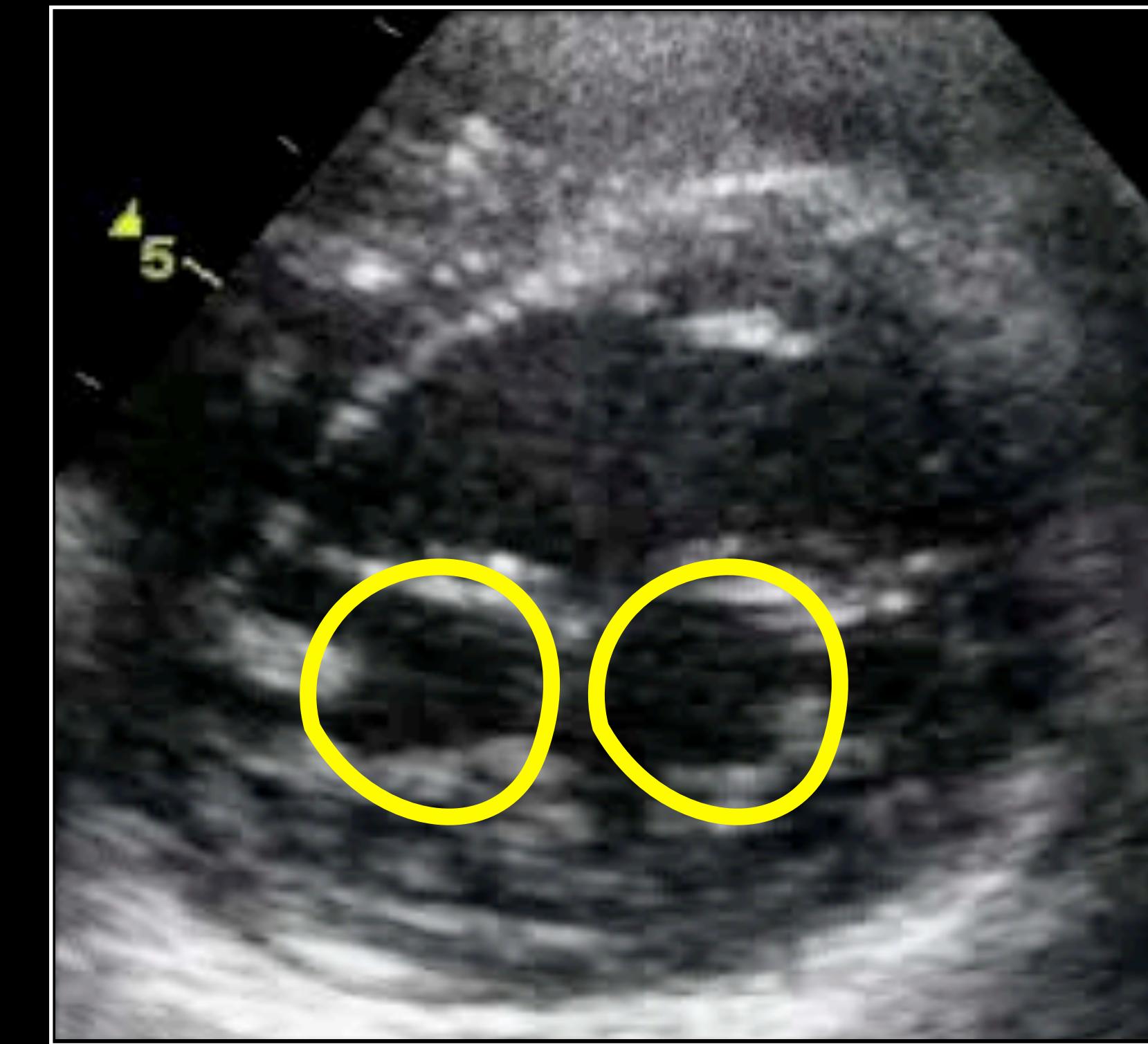
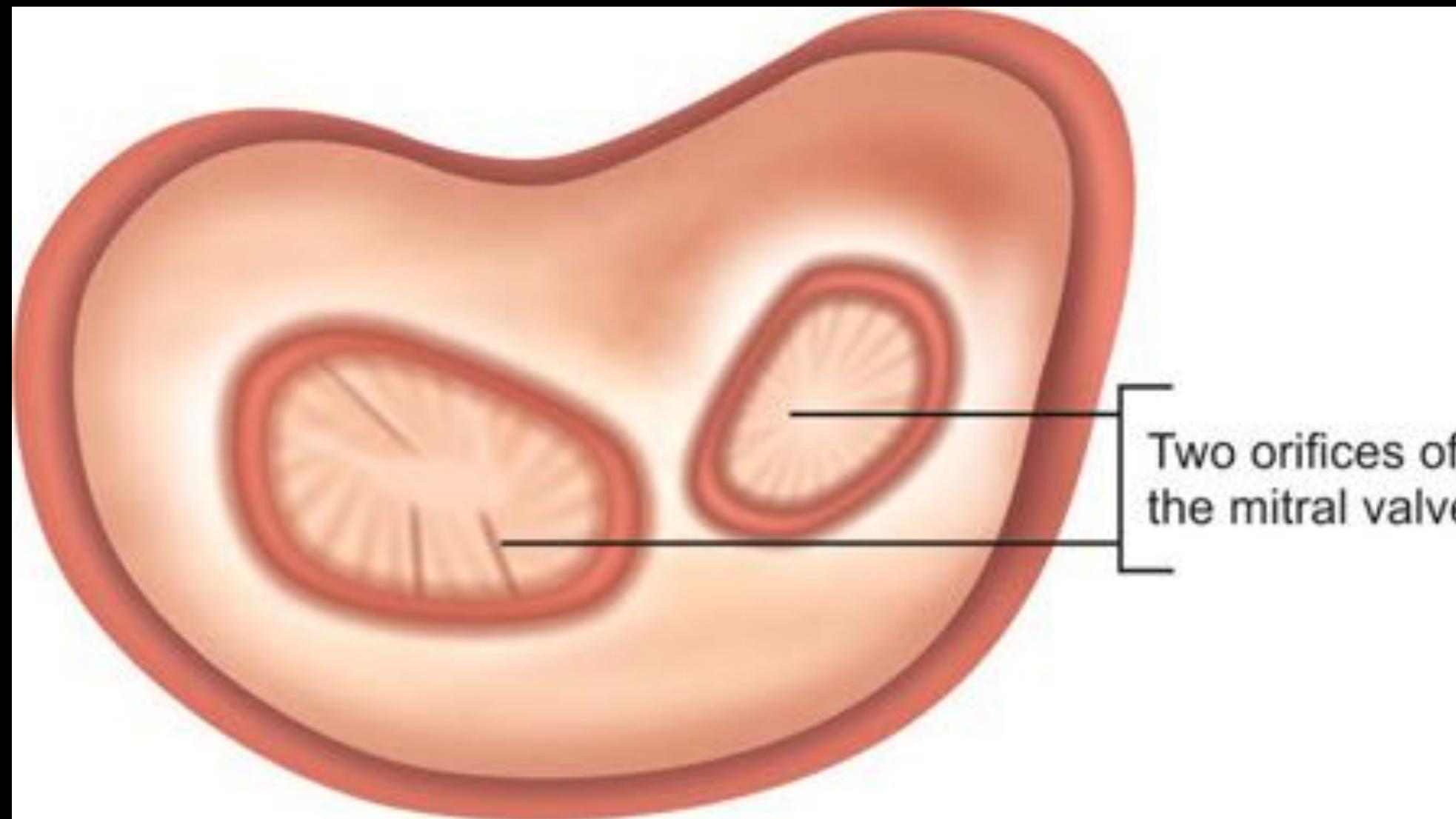


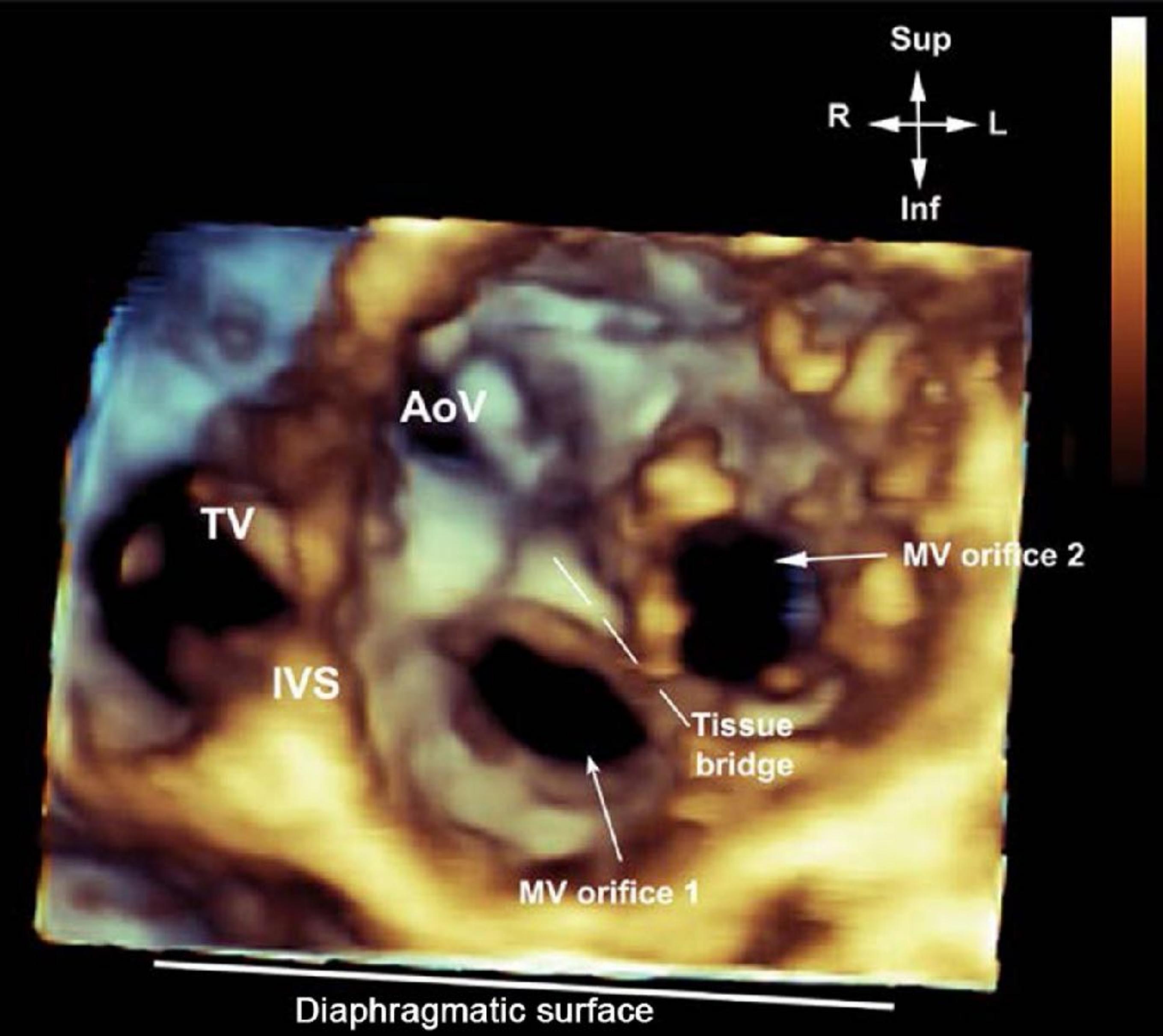
AVSD type



Outlet type

Double orifice



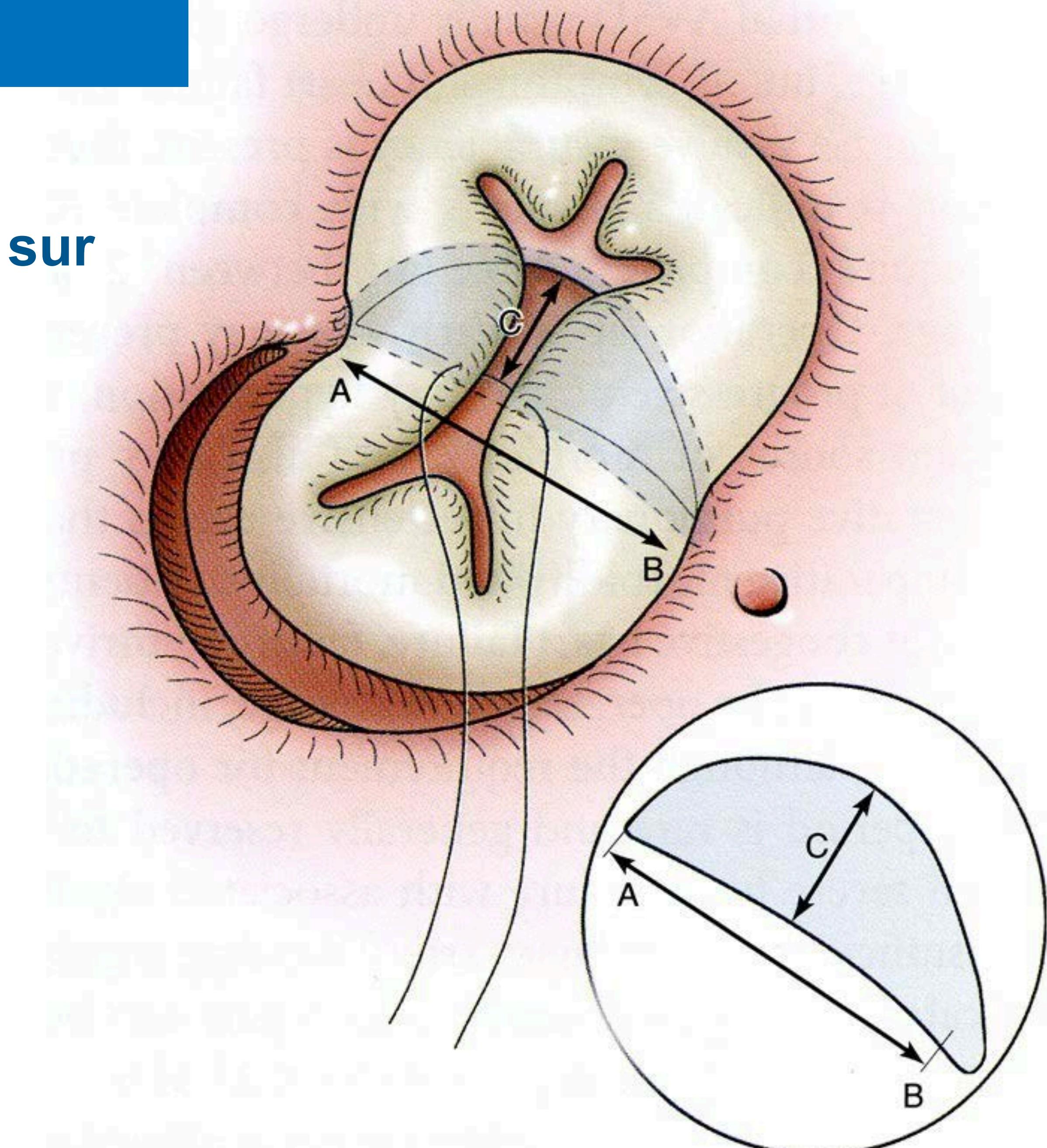


Double orifice - Cleft of the anterior orifice



Réparation des CAV

**Le patch de CIV est inséré sur
la crête septale**

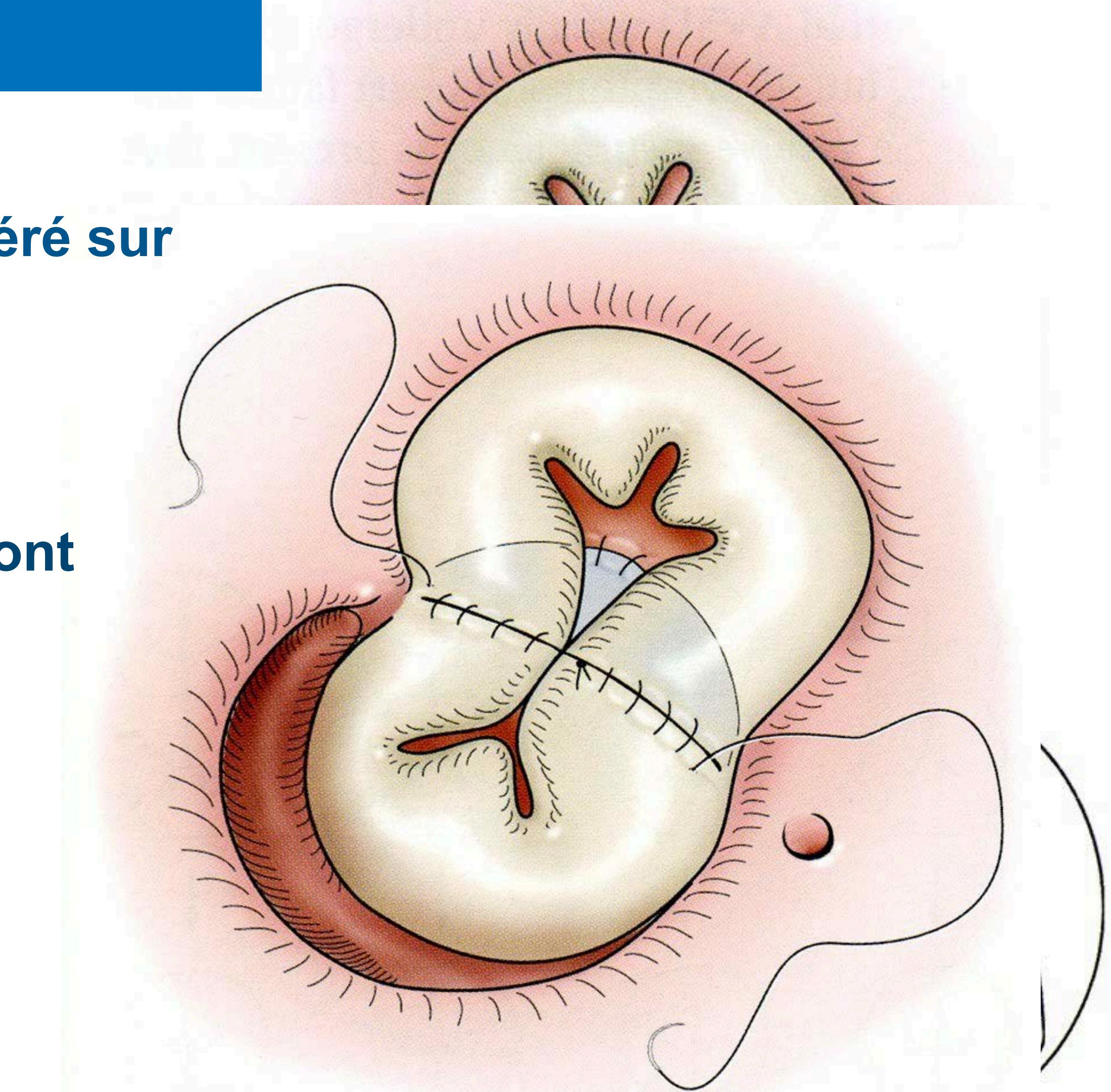


Réparation des CAV

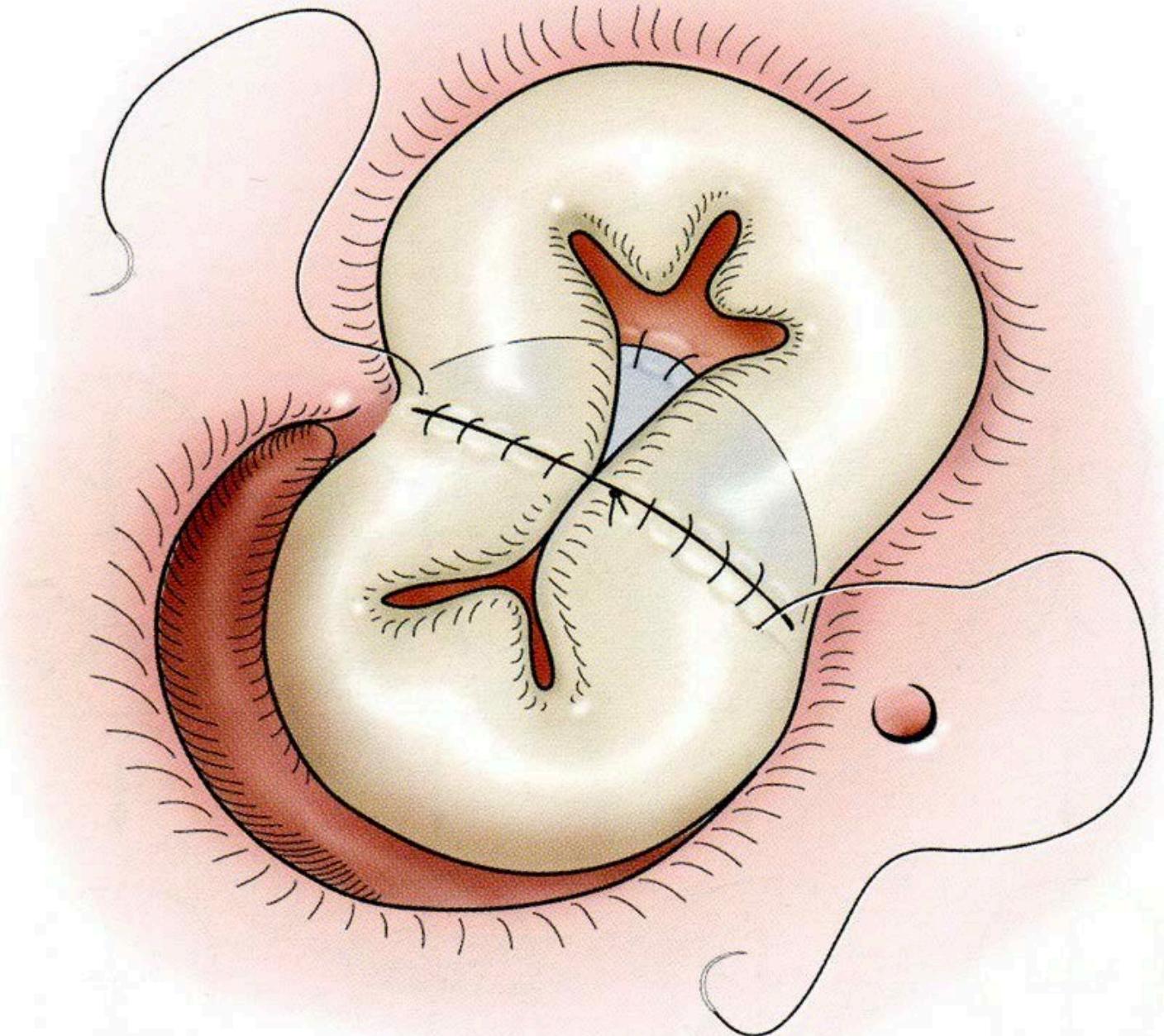
**Le patch de CIV est inséré sur
la crête septale**

Puis

**Les deux Hémivalves sont
insérées sur le patch**



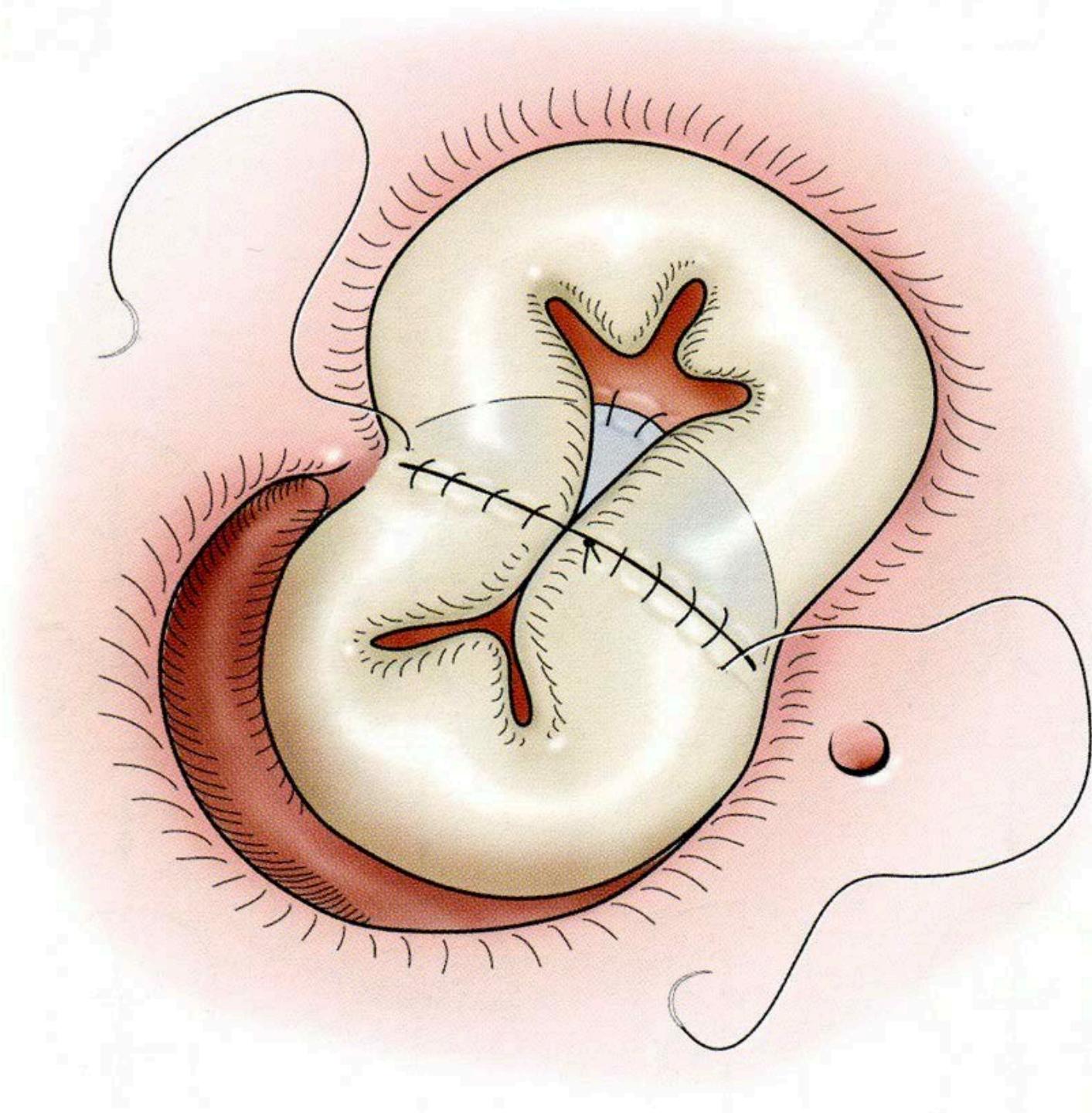
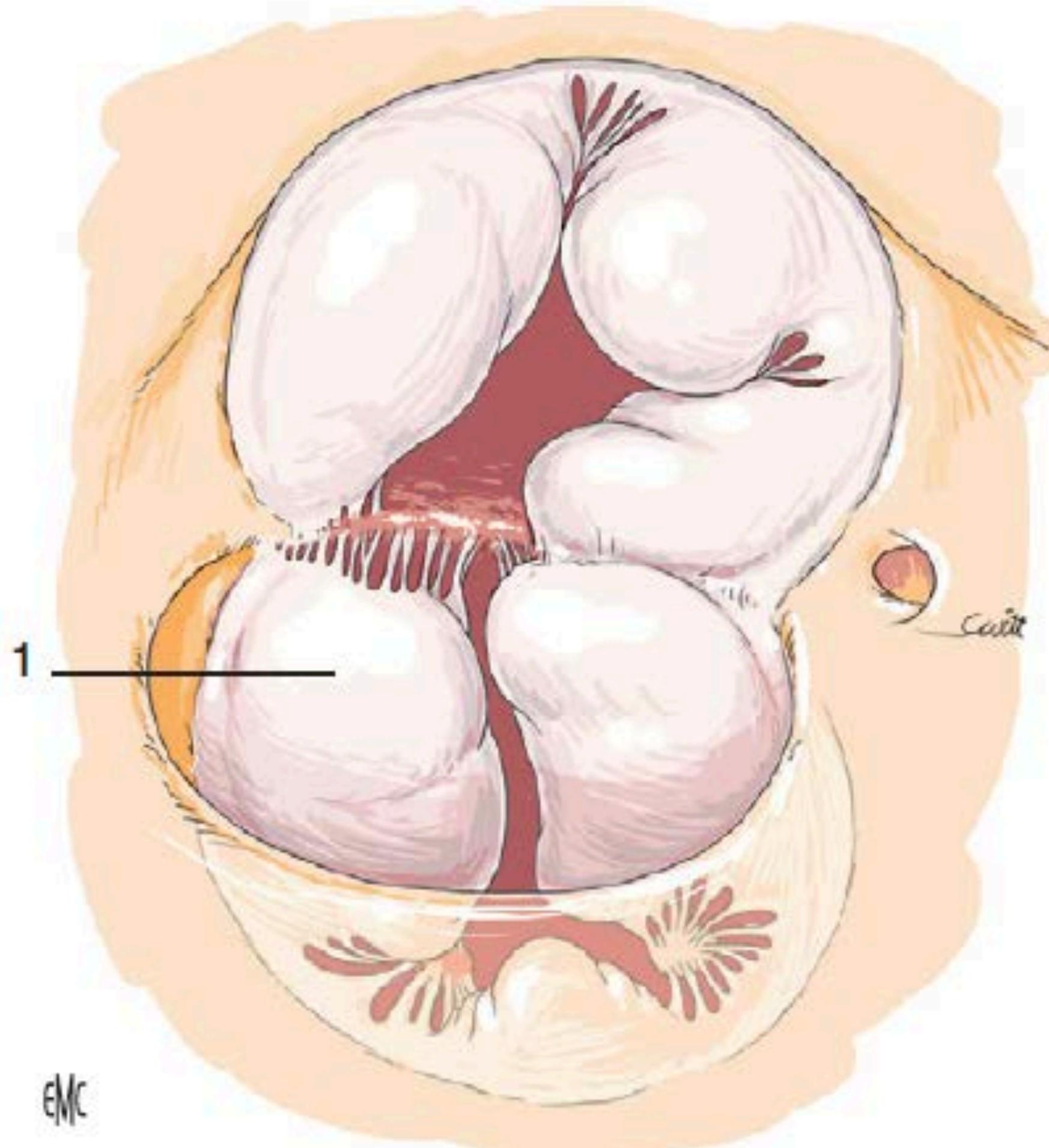
Réparation des CAV



Rastelli C

**Le patch de CIV est passé
sous le bridging leaflet**

Réparation des CAV



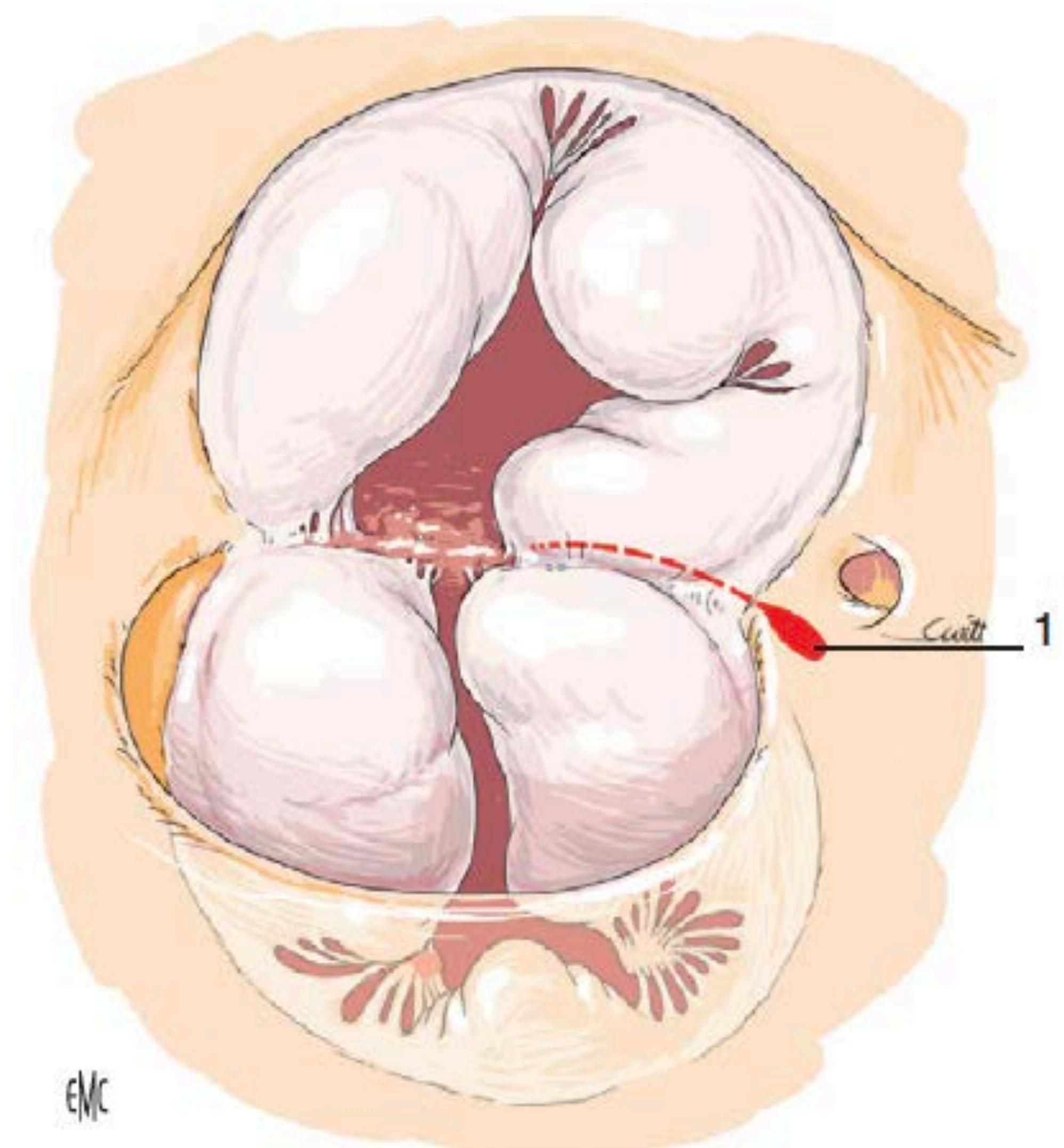
Rastelli A

Le patch de CIV laisse toutes les attaches septale du côté gauche

Réparation des CAV

CIA

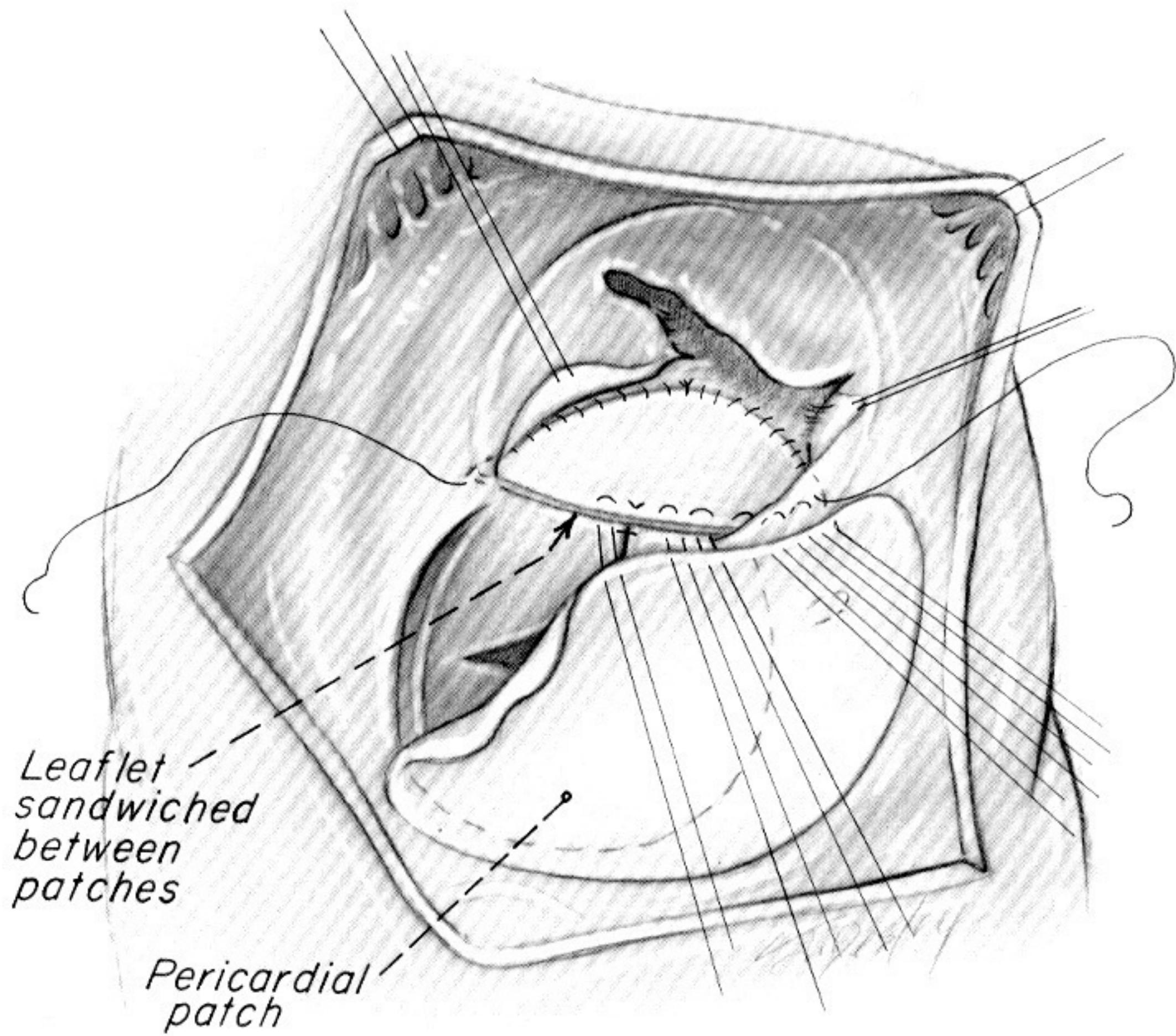
Voies de conduction



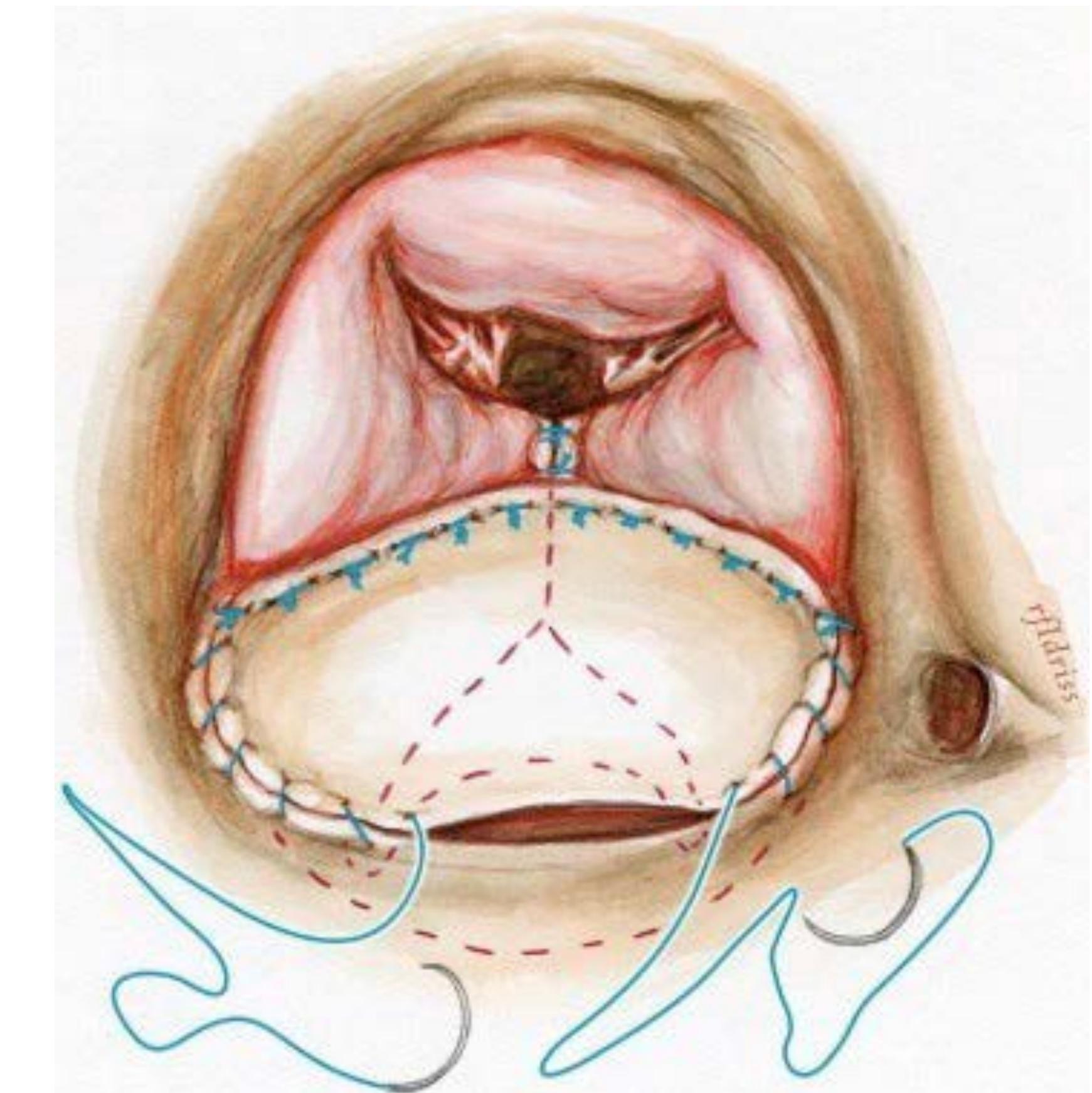
Réparation des CAV

CIA Voies de conduction

A gauche

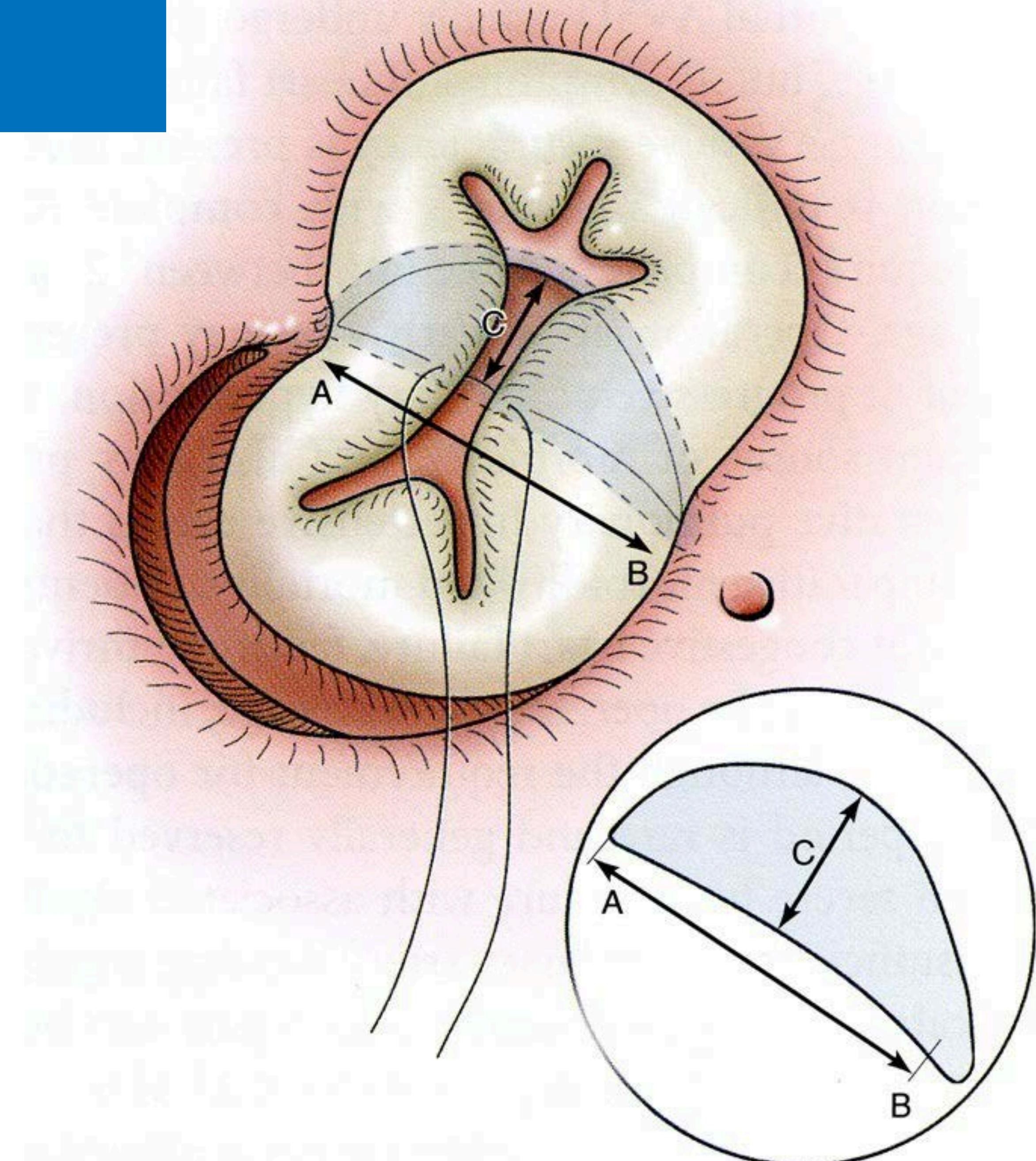


A droite

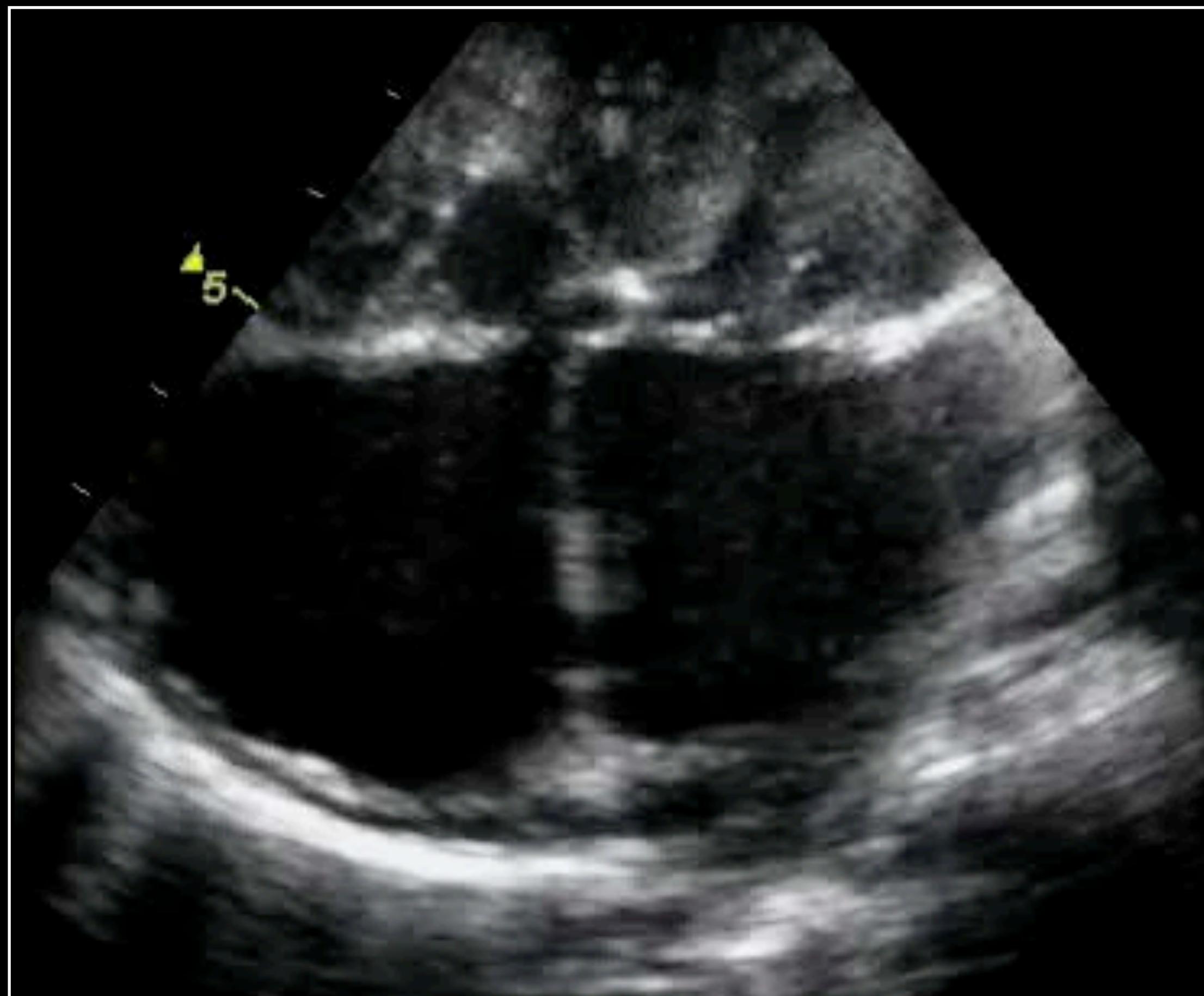


Réparation des CAV

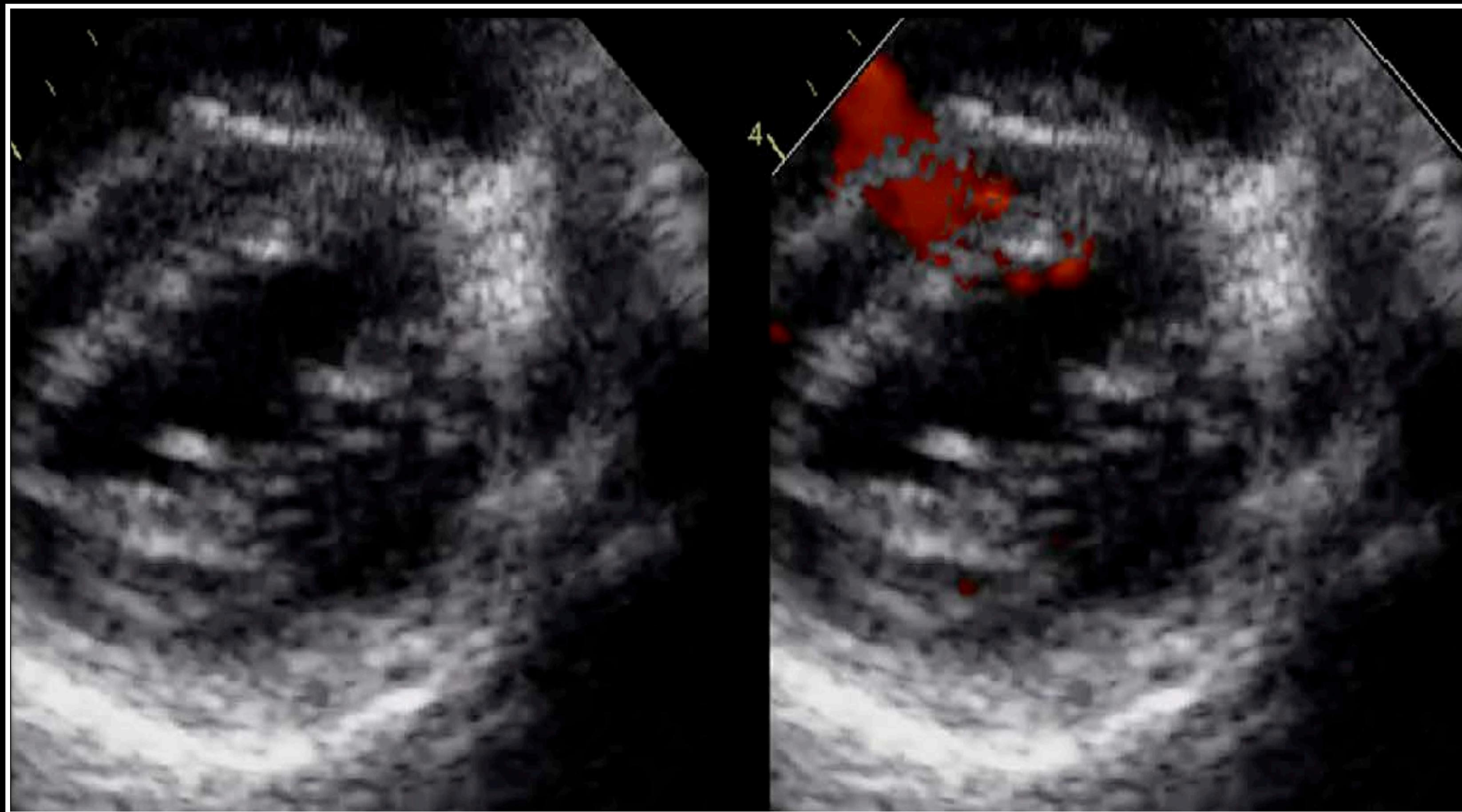
Réparation des valves



AVSD post-repair

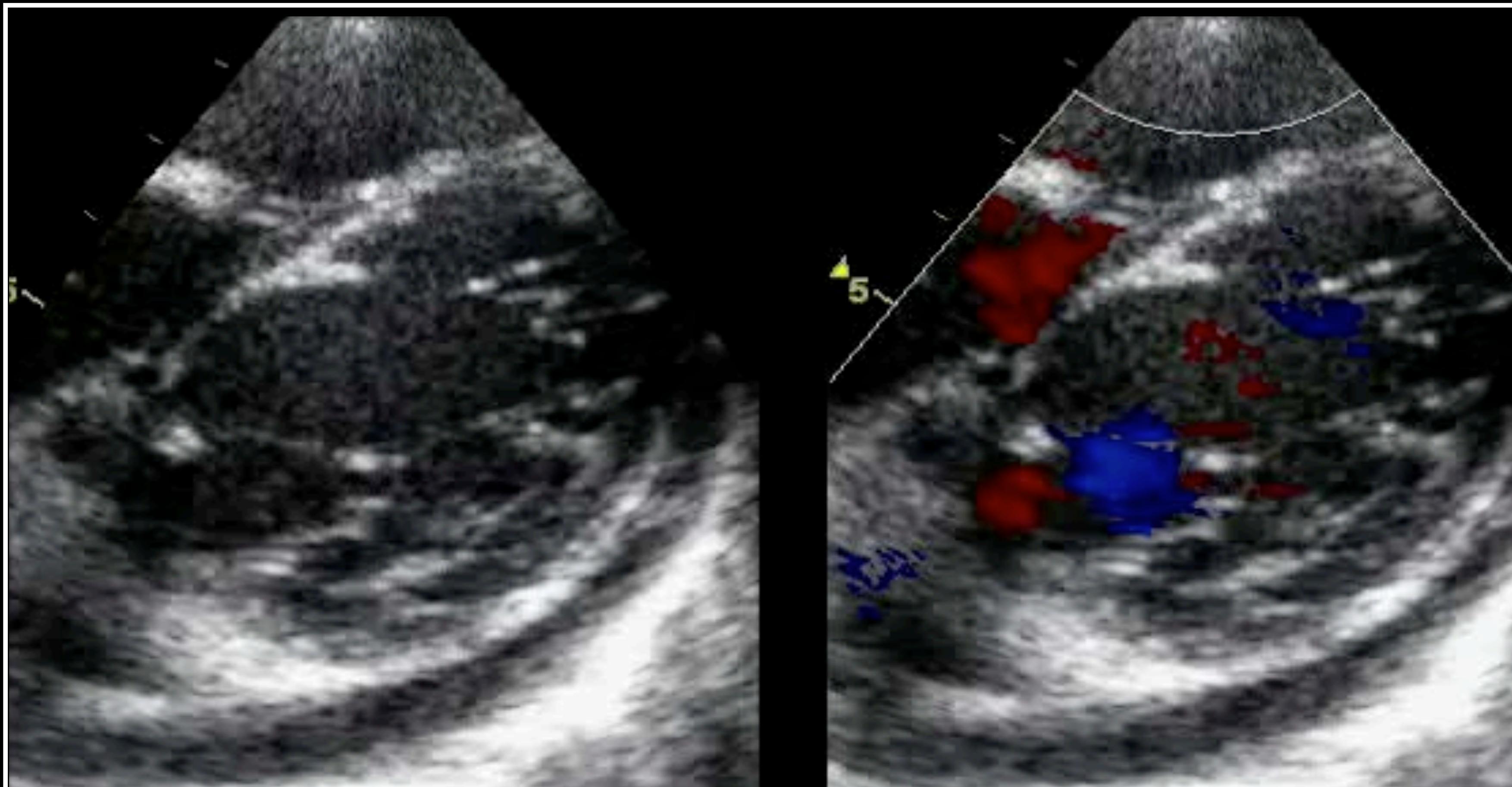


AVSD post-repair



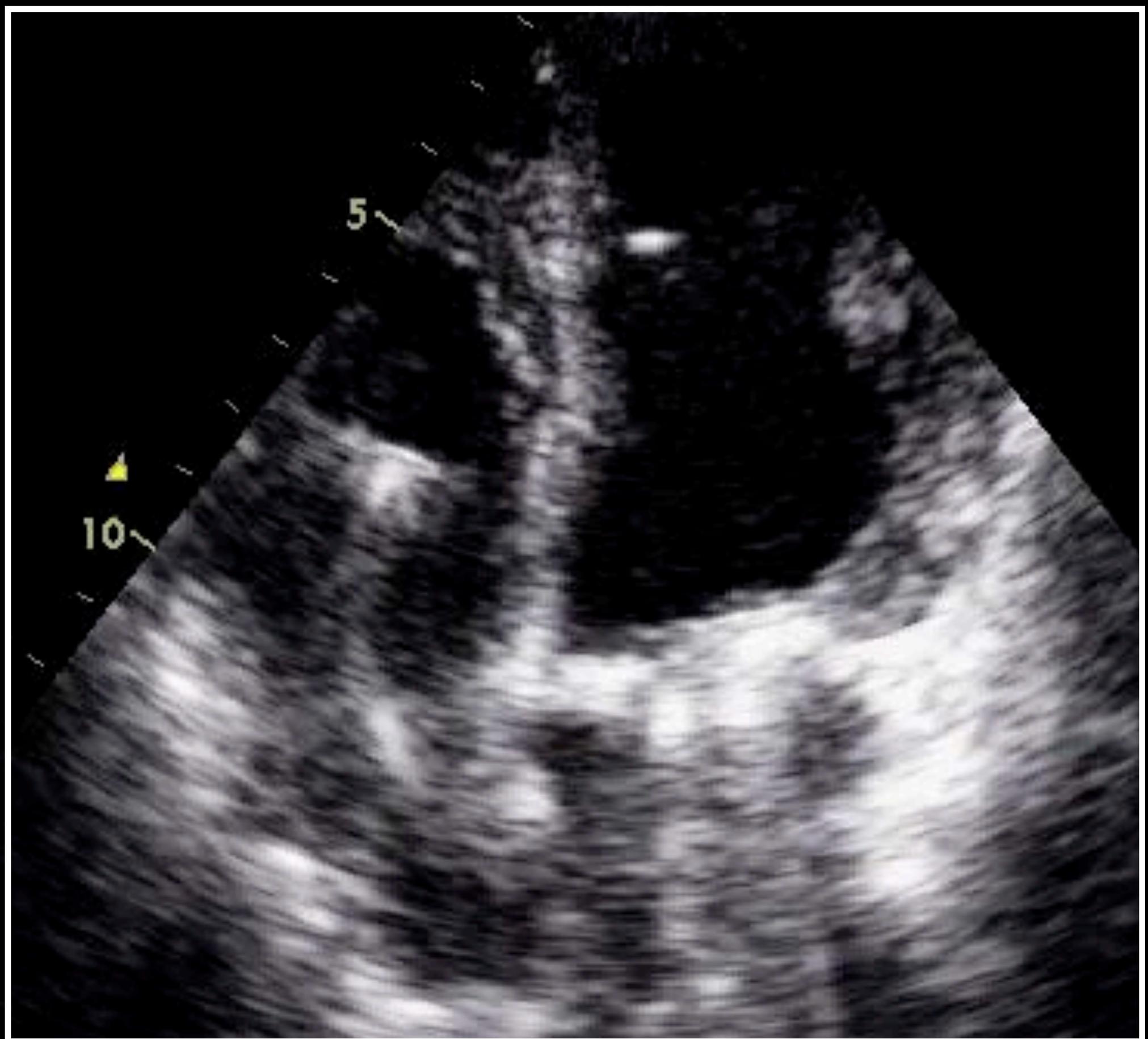
AVSD post-repair

Mitral regurgitation - VSD leak



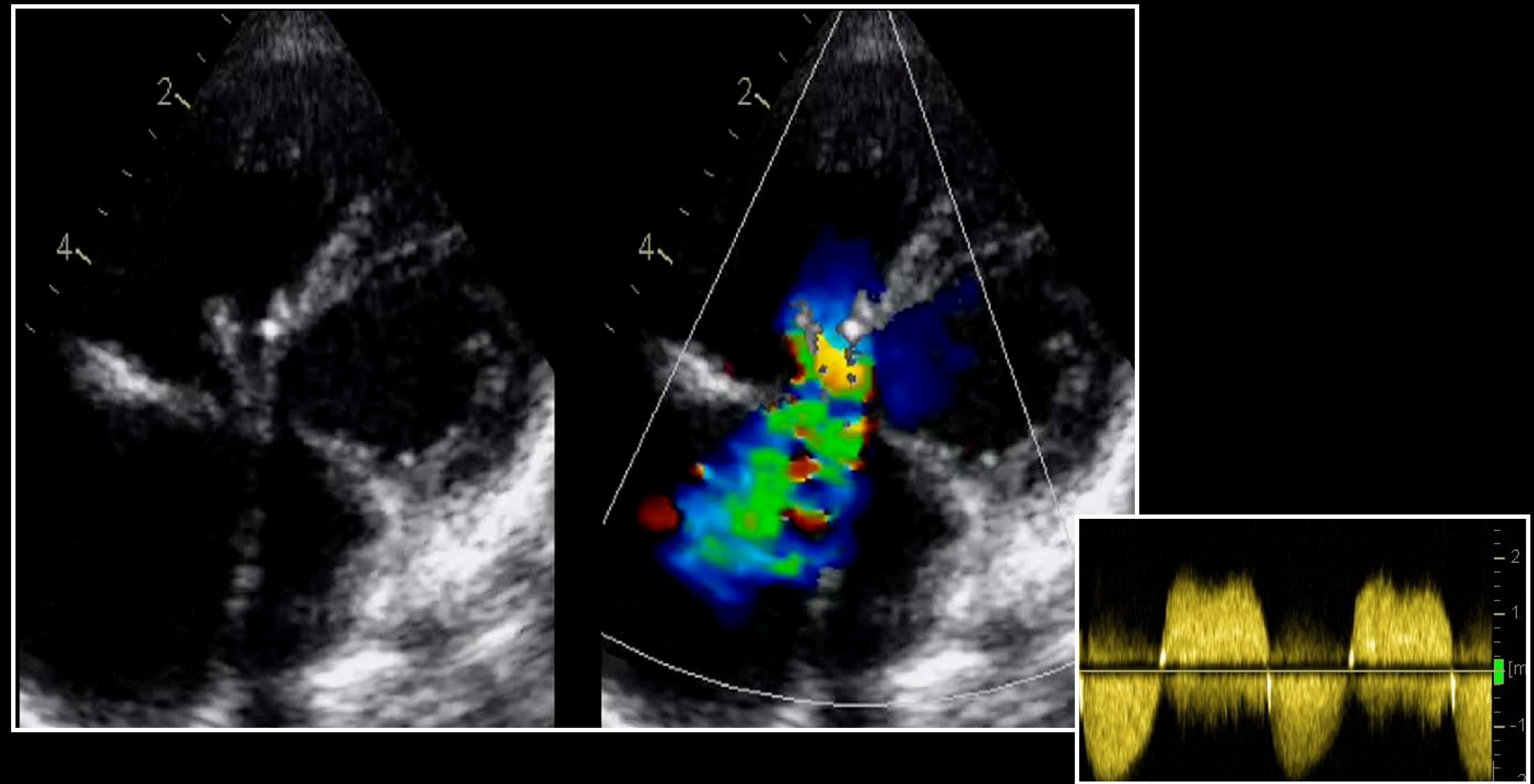
AVSD post-repair

Mitral prosthesis - Pace-maker



AVSD post-repair

Tricuspid regurgitation and stenosis





CPC
Cardiomyopathies
Paris
Centre



Collective ignorance is our motivation
Curiosity is our strength
Research is our path

Individual experience is the brake
Indifference is the weakness
Argument from authority is the threat