

2. A summary report for 2015 by The Ethics Committee of The Japan Society of Obstetrics and Gynecology.
3. “The Economist”, journal, published on 26th May 2018 in Asia.

## TETRALOGY OF FALLOT: REPORT OF A CASE HISTORY

*Kharlamova P.A.*

Scientific Supervisor: Senior Lecturer Galfanovich I.L.  
Department of Foreign Languages  
Saint-Petersburg State Pediatric Medical University

**Research relevance:** the incidence of TOF is 0,4 to 1000 of live births. Compared to all congenital heart diseases presented by various authors, the incidence of TOF ranges from 3–5% to 7–10%. TOF representation in boys and girls is almost the same, with a slightly higher percentage among boys (1,56 to 1).

**Objectives:** the purpose of this report is to present the postnatal status of a child with Tetralogy of Fallot. The patient was operated on in Almazov National Medical Research Centre.

**Materials and methods:** Presented data were taken from the case history, physical examination, ultrasound scan findings, data from medical records of the child.

**Results:** the patient is a 7-months old girl. She is the first child from the second normal pregnancy. Both parents are in good health, and without any congenital heart disease. The child was born at term in a natural way. At birth she was blue, started crying later, her body weight was 3050g and the Apgar score was 7\8. TOF was diagnosed at birth. In the first months of life, the girl did not develop properly. Mild cyanosis was noticed in the second month of life, auscultation revealed systolic murmur with the intensity 4\6. The mother noticed that the girl got tired while feeding. Laboratory findings of erythrocytes, hematocrit and hemoglobin were within the normal limits. The girl had upper respiratory infection (at the age of 2.5 months). Complete surgical correction was performed at the age of five months. The postoperative period was normal. The girl gained well in weight and height.

**Conclusion:** since the complete surgical correction, the child has been developing within the normal range for her age for the two months of the follow-up. In the outpatient practice setting we continue to closely monitor this child, to control her health status and vital signs (ECG, blood pressure etc) regularly, and we should react promptly in case of a complication or any worsening of the patient's condition.

### References

1. Baillard F, Anderson RH. Tetralogy of Fallot. Orphanet J Rare Dis 2009;4:2.
2. Apitz C, Webb GD, Redington AN. Tetralogy of Fallot. Lancet 2009; 374:1462–1471.

## ADAPTIVE FEMALE CHARACTERISTICS WITH POSTPARTUM AFFECTIVE DISORDERS

*I.S. Koroleva, E.V. Kozhadey*

Scientific Supervisors: S.V. Grechanyi MD, Assistant professor, N.V. Zhukovskaya, Senior Lecturer

Department of Psychiatry and Narcology  
Department of Foreign Languages  
Saint-Petersburg State Pediatric Medical University

**Research relevance:** psychophysiological adaptation to the status of maternity in the period of the first 10–14 days is known as Blues syndrome. In the case of protractive and negative dynamics postpartum depression can develop.

**Objectives:** to investigate adaptive female characteristics with postpartum affective disorders.

**Materials and methods:** Women with children treated in Perinatal Centre of SPbSPMU had been examined, based on such methodics as PARI and other tests.

**Results:** having identified risk group of development of postpartum affective disorders and the structure of them, studies were carried out. The intervention with the purpose of patients, mental status correction was also conducted. Initially, a level of anxiety, depression and anhedonia in two groups of women within first days after delivery was comparable. Mothers with children suffering from perinatal pathology had average levels of symptoms in a month after delivery (compared with mothers of healthy children). In the group of women with healthy newborns there was a positive trend in reducing the symptoms of anxiety, depression and anhedonia.

**Conclusions:** high prevalence of postpartum affective disorders needs special attention of all doctors observing and treating women before and after pregnancy as well as psychotherapeutics paying more attention to it. High anhedonia levels in mothers with children suffering from perinatal pathology may result in higher risks of continuous postpartum depression.

#### References

1. Robertson E. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *Gen Hosp Psychiatry* 2004, 26(4):289–295.
2. Thurgood S. Postpartum depression. *Am J Med* 2009, 25–29.

## CONGENITAL CARDITIS IN NEW BORN CHILDREN

*Konovalov V.V., Kozmenko O.A.*

Scientific Supervisor: Associate professor Vschivceva N.B.

Department of children's diseases

Academician Ye.A. Vagner Perm State Medical University

**Research relevance:** nonrheumatic carditis in children is one of the most common causes of children death. The etiology of early and late carditis and their outcomes have not been studied in any detail.

**Objectives:** to study specificity of clinic, diagnostics and outcomes of congenital carditis in new born children.

**Materials and Methods:** we analyzed 5 clinical cases of newborn children, who were treated at the department of neonatal pathology for newborn and premature babies and the department of resuscitation and intensive care unit in Children's clinical Hospital № 13 in Perm in 2018. The diagnosis of carditis in the structure of prenatal infection was common for all patients. All children were born full-term on 37–40 weeks with the average weight of  $3264 \pm 444$  g ( $p > 0,05$ ). The Results: heart pathology developed as a congenital carditis with the failure of myocardium contractile and even 1 child had failure of cardiac conduction system.

**Results:** the results of echocardiography show: depression of ejection fraction  $64,4 \pm 4,5\%$  ( $p > 0,05$ ) and thickening of ventricle myocardium. The results of X-ray chest examination: cardiomegaly with the decrease of cardiothoracic index over 58,  $8 \pm 3$ , 13% ( $p > 0,05$ ). The average of KFK  $418, 8 \pm 274, 2$  ( $p > 0,05$ ) and KFK-MB was decreased  $87, 2 \pm 32, 5$  ( $p < 0,05$ ). The level of troponins was also decreased ( $p < 0,05$ ). Due to histological examination, the areas of necrosis of cardiomyocytes were revealed in left ventricle wall.

**Conclusion:** a typical morphological feature of early congenital carditis is thickening of ventricles. In our case in one child with the low weight the thickening of ventricle was revealed during echocardiography. This child survived. The depression of ejection fraction is typical for late carditis. In our cases all children had this feature. On ECG we saw different types of arrhythmia and 2 children had subendocardial myocardial ischemia of left ventricle. In case of 1 dead child AV block II with tachyarrhythmia was revealed. This is typical for failure of myocardium contractile. With the help of histological examination areas of necrosis were revealed.

#### References

1. Belokon, N.A. Nonrheumatic cardites in children / N.A. Belokon. Moscow, 1984. P. 216.
2. Belaeva, L.M. Cardiovascular diseases among children and teenagers / L.M. Belaeva, E.K. Xrystaleva. Minsk, 2003. P. 320.
3. Shabalov, N.P. Children's diseases / N.P. Shabalov. Spb.: Piter, 2009. Vol. 2. P. 11–135.