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Atrial Septal Defect

What is an atrial septal defect?

An atrial septal defect (ASD) is a defect of the heart present at birth. The heart's upper chambers, the right and left atria, are separated by a wall called the atrial septum. While a baby develops in its mother's womb, an opening between the left and right atria exists, so that blood can bypass the lungs. This opening usually closes before the baby is born. Sometimes, the atrial septum doesn't completely develop in babies. This leaves a hole in the atrial septum.

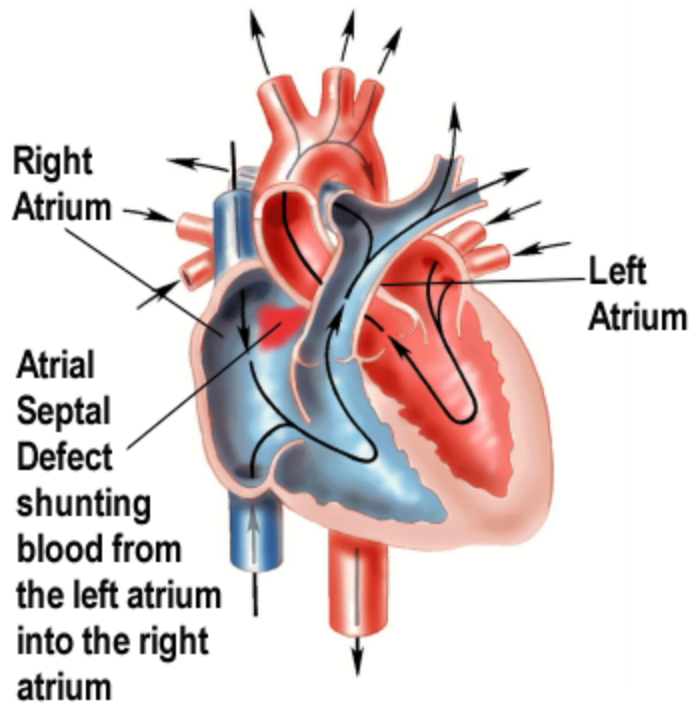
Who is at risk for ASD?

The defect is "congenital", which means it is present at birth. There is no known way to prevent it.

What are the symptoms and risks of ASD?

Most people with an ASD have no symptoms. If symptoms are present, they usually include shortness of breath and palpitations (the sensation of feeling your heart beat). People with ASD are slightly more likely to develop a condition called bacterial endocarditis than are people without the condition.

If a small amount of blood leaks through the hole in the septum of someone with ASD, it usually causes no symptoms or mild symptoms. If a large amount of blood leaks through the hole in the septum of someone with ASD, it can increase the workload on the right ventricle. ASD can lead to decreased blood flow, problems with the right ventricle, arrhythmias (irregular heartbeat) and high blood pressure within the lung circuit. Increased blood pressure in the lung circuit can lead to congestive heart failure.



How is atrial septal defect diagnosed?

The doctor will listen to your heart with a stethoscope for any abnormal heart sounds.

The doctor might also recommend a chest X-ray, an ECG (electrocardiogram), or an ultrasound of the heart. These are all painless diagnostic testing procedures that will help the doctor in making the diagnosis.

The doctor may recommend cardiac catheterization. This test is performed in a hospital that allows the doctor to measure the pressure in the heart and the amount of blood that flows through the hole in the septum.

How is it treated?

Small atrial defects do not require therapy. Larger defects require surgical closure. Surgical closure involves a patch of pericardium, a Dacron patch, or primary closure. More recently a catheter based approach has been developed by which a clam shell-like device is used to close the defect.

The decision as to which defects should be closed is often difficult. The amount of blood flow through the defect, the age of the patient, the symptoms produced, the likelihood of complications and the chances of symptom improvement are all important variables.