

Diagnosis

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Antenatal diagnosis is occasionally possible, with severe defects detected in utero at 16–18 weeks. If an infant has suspected congenital heart disease, a diagnostic evaluation begins with an accurate history from the parents and specific questions about maternal health and drug use. A detailed family history is important because some defects are familial. Clinical examination may reveal a murmur, evidence of heart failure, failure to thrive and cyanosis. In addition, congenital heart disease can present with hypertension, an arrhythmia, evidence of polycythaemia or a thromboembolic event. Investigation is much the same as for the adult patient and, with fetal echocardiography available, cardiac catheterisation is now avoided whenever possible. -

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