

## Complete Information on Atrioventricular septal defect with Treatment and Prevention

Atrioventricular septal defects are a relatively common family of congenital heart defects. It is caused by an abnormal or inadequate fusion of the superior and inferior endocardial cushions with the mid portion of the atrial septum and the muscular portion of the ventricular septum. In the complete Atrioventricular septal defect, there is a large ventricular component beneath either or both the superior or inferior bridging leaflets of the AV valve. Atrioventricular septal defect is also a common part of more complex heart disease that occurs in heterotaxy syndromes. Atrioventricular septal defects can also occur with other types of congenital heart disease such as coarctation of the aorta or tetralogy of fallot. A risk factor is something that increases your chance of getting a disease or condition. In most cases, there are no known risk factors for septal defects.

An atrioventricular septal flaw may affect bankruptcy of establishment of any or all of these structures. In the incomplete atrioventricular septal flaw, there is a flaw in the primum or substandard region of the atrial septum but no immediate intraventricular communication. Atrioventricular septal defects can be detected by cardiac auscultation, they cause atypical murmurs and loud heart tones. Confirmation of findings from cardiac auscultation can be obtained with a cardiac ultrasound and cardiac catheterization. The presence of a large left-to-right shunt and the associated increased workload on the left ventricle and high pulmonary artery pressure cause the lungs to become engorged with blood. Several candidate genes are being currently investigated. On the other hand, atrioventricular septal defect can occur in children with no other genetic abnormality.

Atrioventricular septal defects, characterized by an inadequacy of the atrioventricular septum, are a comprehensive spectrum of malformations presumed to ensue from irregular or insufficient fusion of the excellent and substandard endocardial cushions with the mid part of the atrial septum and the sinewy part of the ventricular septum. Smaller defects with little or no atrioventricular valve regurgitation may be asymptomatic during childhood. Partial atrioventricular septal defect is asymptomatic during childhood if mitral regurgitation is mild or absent. However, symptoms (eg, exercise intolerance, fatigue, palpitations) may develop during adolescence. Infants with moderate or severe mitral regurgitation often have signs of HF. Significant congestive heart failure, growth failure or a very loud murmur in a child with a partial atrioventricular septal defect can occur when the defect in the mitral valve leaflet causes this valve to be very leaky.

Symptomatic infants with atrioventricular septal defects may improve with medicine, but in all cases corrective heart surgery will be necessary. Treatment is surgical and involves closure of the atrial and ventricular septal defects and restoration of a competent left atrioventricular valve as far as is possible. Open surgical procedures require a heart-lung machine and are done with a median sternotomy. Infants born with atrioventricular septal defect are generally in sufficient health to not require immediate corrective surgery. If surgery is not required immediately after birth, the newborn will be closely monitored for the next several months, and the operation held-off until the first signs of lung distress or heart failure. This gives the infant time to grow, increasing the size of, and thereby the ease of operation on, the heart, as well as the ease of recovery. Placement of a pacemaker may be necessary.

### About the Author

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