INTRODUCTION

✓ Total Anomalous Pulmonary Venous Connection (TAPVC) constitutes 0.2-2% of CHD.
✓ Antenatal diagnosis of Isolated TAPVC is challenging.
✓ Antenatal detection aids appropriate stabilization of the neonate and early surgical repair results in a good long-term prognosis.

CLINICAL BRIEF

• 32 year old multiparous woman referred at 29 weeks for Toxoplasma seropositivity.
• Normal Fetal Growth and Dopplers.

FOETAL ECHOCARDIOGRAM

✓ Inability to establish connection between pulmonary veins and left atrium.
✓ Pulmonary venous confluence behind left atrium and descending vertical vein into the left portal vein.
✓ Mild cardiac asymmetry.
✓ Abnormal pulmonary venous pulse wave Doppler.

INFRACARDIAC TAPVC (possibly obstructed)

POSTNATAL COURSE

➢ Planned delivery and immediate transfer to pediatric cardiac ICU.
➢ Confirmation of diagnosis by echocardiography.
➢ Increasing tachypnea – surgery performed successfully at 6 hours of life.

CONCLUSION

• Isolated TAPVC can be diagnosed antenatally.
• Combination of 2D, colour and pulse wave Doppler enables diagnosis.
• Planned delivery improves postnatal outcome.