

Clinical Pediatrics 2019: Non-benign Supra ventricular tachycardia in the perinatal period cases report, medical treatment and use of cardioversion- Maria Bertha Romo Almanza - Guadalupe Victoria Maternity Hospital

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Supra ventricular tachycardia (SVT), likewise called paroxysmal supraventricular tachycardia, is characterized as an anomalous quick heartbeat. It's an expansive term that incorporates numerous types of heart mood issues (heart arrhythmias) that begin over the ventricles (supraventricular) in the atria or AV hub. A typical pulse is 60 to 100 beats for every moment. A pulse of in excess of 100 beats for every moment is known as a tachycardia (tak-ih-KAHR-dee-uh). This happens when the electrical driving forces that organize your pulses don't work appropriately. It might feel like a rippling or dashing heart.

A great many people with uncommon scenes of supra ventricular tachycardia live solid lives without limitations or intercessions. For other people, treatment and way of life changes can frequently control or kill quick pulses.

Symptoms: Supra ventricular tachycardia may go back and forth unexpectedly, with stretches of ordinary pulses in the middle. Side effects may last anyplace from a couple of moments to a couple of days, and a few people have no indications by any stretch of the imagination.

Supra ventricular tachycardia turns into an issue when it happens often and is continuous, especially in the event that you have heart harm or other existing together clinical issues. Signs and symptoms of supra ventricular tachycardia may include:

- A vacillating in your chest
- Fast heartbeat (palpitations)
- Brevity of breath
- Wooziness or tipsiness
- Perspiring
- A beating sensation in the neck
- Blacking out (syncope) or close swooning

This condition is separated into three kinds:

Atrioventricular nodal re-entrant tachycardia is the most well-known structure. On the off chance that you have it, there's an additional pathway in your heart that makes an electrical sign hover around and around as opposed to descending to the ventricles. This can trigger the fast heartbeat.

Atrioventricular responding tachycardia happens when a strange pathway interfaces the atria and ventricles, making the sign move around and around in a major circle. On the off chance that you have the acquired condition called Wolff-Parkinson-White disorder, you have this additional pathway. This condition is not kidding. On the off chance that it is a piece of your family ancestry, have it checked.

Atrial tachycardia happens when a solitary short out morally justified or left chamber triggers a broken electrical sign. In babies and little youngsters, signs and side effects might be hard to distinguish. Perspiring, poor taking care of, fair skin and babies with a heartbeat rate more prominent than 200 thumps for every moment may have supra ventricular tachycardia.

Within the range of alterations that may occur in the perinatal period, we find the phenomenon known as arrhythmias: that is, lack in the regulation or alteration of the frequency of heartbeats or a variety of rhythm disturbances, which may be present in both the intrauterine stage, as in healthy newborns. Considering mostly benign and transient in the paediatric patient can be documented in 1 in 1000 children frequency that varies in the newborn of 1 - 10% during the first days of extra uterine life. In critically ill newborns hospitalized in the Neonatal Intensive Care Units, arrhythmias increase their mortality. Being very frequent the presence of tachyarrhythmia's, mainly type supra ventricular tachycardia. In this presentation, we will identify disturbance of the rhythm type Supra ventricular tachycardia, which requires treatment? and when it is necessary to use electrical cardioversion. We will present Cases report and review of the literature. We must to remembered: in the neonatal group, their natural history differs from other age groups, as previously mentioned, supra ventricular tachycardia's that are mostly benign and occur in susceptible patients, but we should keep in mind that when it is not possible to reverse the rhythm disorder with conservative and /or pharmacological management, and finding the patient with hemodynamic instability, the use of electrical cardioversion should be assessed, with an electrocardiographic record, and evaluation by Pediatric cardiology should be carried out, as well as follow-up and chronic treatment to this patients.