CONGENITAL HEART DISEASE: DUCT-DEPENDENT LESIONS
Supporting information

The presence of cyanosis and a murmur suggests that a response to prostaglandin infusion is likely?

A study in 250 infants with suspected heart disease (Danford, 1986) used decision analysis to demonstrate that "frequency of poor outcome is minimized by early prostaglandin treatment of cyanotic term infants with a murmur or poor pulses, regardless of how ill they appear, and by treating any critically ill term newborn who has either cyanosis or poor pulses."

Danford DA, Gutgesell HP, McNamara DG. Application of information theory to decision analysis in potentially prostaglandin-responsive neonates. J Am Coll Cardiol 1986;8:1125-30

Evidence Level: IV

Little evidence is available to inform preoperative management of Hypoplastic Left Heart Syndrome (HLHS)?

A questionnaire survey conducted in the US (Johnson, 2008) found that "the management of these infants prior to surgery is anecdotal and variable… a striking lack of consistency in preoperative management techniques for infants with HLHS is apparent. The impact of these preoperative strategies is unknown. Despite challenges in anatomic and hemodynamic variability at presentation, a prospective randomized controlled trial comparing ventilatory management techniques, enteral feeding strategies, and the utility of various monitoring tools on short- and long-term outcome is needed."

Johnson BA, Mussatto K, Uhing MR, et al. Variability in the preoperative management of infants with hypoplastic left heart syndrome. Pediatr Cardiol 2008;29:515-20

Evidence Level: V

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