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A 33-days-old infant with the transposition of the great arteries; a rare case report

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Introduction: Complete transposition of great arteries (TGA) is one of the most common cyanotic congenital heart diseases, with an estimated prevalence of 4.7 per 10, 000 live births in the United States. It is believed that the reason of TGA was the aorticopulmonary septum failed to form helix and formed straight septum. We report a rare interesting but critical case of 33-days-old boy who developed cyanosis and had transposition of great arteries combined with interrupted aortic arch (IAA). The patient underwent surgical correction of the transfection and defects.

Case presentation: A 33-days-old Turkmen boy, weighing 3.9 kg, presented with hypoxia and cyanosis in extremities and lip on clinic checkup visit, referred to the attending physician with a high suspicion for a serious underlying problem. He was urgently underwent Color Doppler ultrasonography which mainly displayed transposition of great arteries so that the diagnosis revealed as congenital heart disease-TGA, PDA, PFO. General circulation: superior and inferior vena cava>“right atrial”>right ventricle>“aorta”>upper limb arteries>“upper extremity venous system”>back to the superior and inferior vena cava. Pulmonary circulation: left pulmonary vein>“left atrium”>ventricular>“pulmonary”>back around pulmonary vein. Communication exists between the left atrium and the right atrium: PFO, given primary stabilizing measures, he was admitted for emergent operation. After the descending aorta was cut off, the arterial catheter-sides were anastomosed to the posterior wall of the ascending aorta and then Switch surgery was performed.

Conclusion: Such cases will be expired within the first days of life. Surgery should be performed within one month after birth so that the left ventricle can develop normally, however our case with the age of 33 days was actually a magic of life with the benefit of PDA and PFO, as he was alive at such age.

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