Revista Mexicana de
Cardiología
Vol. 26 No. 4
October-December 2015

Foreword

Prefacio

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Pediatric cardiology, as a specialty dedicated to the study of Congenital Heart Disease (CHD) is due large efforts by physicians from different fields and is remounted from ancient history, to the XIX century and current age. It would be impossible not to mention the names such as Fallot, Blalock and Taussig, Rastelli, Jatene or Fontan, among others, all of them, at their times, made significant contributions to the field of CC and to innovative technologies that include the development of extracorporeal circulation, percutaneous procedures, and the development of better prosthetic materials, stents, occlusive devices and, recently, valvular endoprothesis, which have allowed the reparation both physiologic and anatomic of the heart thus modifying the natural course of these diseases.

It is owed to such advances that we now know that 8 or 9 out of 10 children diagnosed with a CC will reach adulthood, that the expected survival is of at least 40 years (e.g., for univentricular hearts) and, in several other CC, life span is similar to that of the general population (e.g., valvular lesions). Moreover, we know that half of these children will be women that reach reproductive age hence will require special in regards of a possible pregnancy.

In Mexico, the natural and modified history of CC does not occur as fast as in other countries, for example: in developed countries, CCs are diagnosed during prenatal age and corrective surgeries are performed within the first decade of life. In our country, health services are often centralized thus are not easily accessible to a great number of patients; diagnosis is therefore delayed and, consequently, treatment is so. It is expected that 250,000 new cases of CCs are born annually; these must be treated in 9 centers, 7 of which are located at the capital city. We think that these data should invite the cardiologist to profoundly consider and acknowledge that there is an imminent need for the formation and assembly of human resources that are qualified for giving attention to these pathologies. Moreover, material and economic resources should be distributed nationwide.

But if initial diagnosis is challenge, a harder one is yet the follow-up of these patients when they reach the adult age. Although, worldwide, the group of adult patients with CCs corresponds, to its majority, to patients treated throughout childhood, in our country this is not the case: from all referred patients with CC, one third knew they had the disease but were not opportunely treated due to lack of follow-up, another 33% did not knew they had a heart condition, and the last fraction had been already repaired during infancy and were re-intervened, presented heart failure or arrhythmia.

It is therefore the duty of all members of the health service to promote prenatal diagnosis, early intervention and to promptly identify the complications secondary to treatment and to acknowledge that, for all patients, irrespective from their age, a therapeutic option exists. New tasks have been added to the integral treatment, such as, genetic counseling, pregnancy, reproductive health, work health, psychological attention, outpatient consult follow-up, etc.

The purpose of this special issue is, therefore, to divulgate the acquired evidence along many years at our ward (Servicio de Cardiopatías Congénitas del Hospital de Cardiología del Centro Médico Nacional Siglo XXI). The following manuscripts are product of the hard work of several generations of visionary physicians that are enthusiastically committed to the study and treatment of children with cardiopathies and, simultaneously, collaborate in the formation and initial insertion to the institutional clinics of CC for both children and adults.

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