



Clinical Guideline

SUBAORTIC STENOSIS (OPERATED OR UNOPERATED)

SETTING South West England and South Wales

GUIDELINE

FOR

Cardiology teams in South West England and South Wales hospitals

PATIENT GROUP

Adult patients with congenital heart disease

GUIDANCE

Follow-up: annually

Associated lesions: VSD

AVSD

conotruncal anomalies

left-sided obstructive lesions (e.g. subaortic stenosis and coarctation; multi-level obstruction = Shone syndrome)

hypoplastic LVOT and small aortic root.

rarely, abnormal insertion of mitral valve or accessory mitral leaflet after patch closure of malaligned perimembranous VSD/AVSD

Inheritance: rarely familial. 6-10% maternal inheritance

Long-term complications: increasing obstruction (post op 20% over 10 years)

development/progression of AR (>50%, regardless of resection,

increased risk with increasing obstruction)

left ventricular dysfunction

arrhythmias

post-op heart block, and iatrogenic VSD

At each visit:

History: often asymptomatic

dyspnoea, chest pain and syncope with severe obstruction

dyspnoea with AR

palpitations

Exam: systolic murmur at left lower sternal border, radiating to carotids, no

ejection click

early diastolic murmur at left lower sternal border if AR

ECG: may be LVH

Echo: visualise LVOT anatomy

severity of subvalvular obstruction (do not use modified Bernoulli

equation – quote velocity)

AR





LV size and function associated lesions

Further investigations:

CXR: not routine

usually normal

CPET: to assess functional capacity, symptoms, ECG changes or

arrhythmias, or to assist in timing of surgery

Holter: not routine

TOE: useful for assessing LVOT anatomy and relationship between

subAS and AR

Catheter: usually not required unless non-invasive imaging inconclusive

EP study: for refractory atrial arrhythmias

MRI/CT: may be helpful in assess LVOT anatomy if echo inconclusive

can assess degree of AR and LV volumes and function

only if LV dysfunction Drugs:

Pregnancy: only high risk in severe, symptomatic subAS

Contraception: no limitations

Endocarditis: antibiotic prophylaxis before high-risk dental work if prosthetic

> valve, previous endocarditis, residual defects at the site of or adjacent to the site of prosthetic material and for 6 months

following surgery

Discuss if:

Symptomatic and

severe subAS (mean ≥ 40 mmHg on echo) or severe AR

Asymptomatic and

mean < 40 mm Hg but LVEF<50%; or severe AR and LVESD >50mm (or 25mm/m2) and/or EF<50%; or mean Doppler ≥ 40 mmHg and marked LVH or fall in BP on exercise.

Consider discussion if low surgical risk and mean Doppler ≥ 40 mmHg or progressive AR

RELATED Regional Referral Guidance for Adult Patients with Congenital Heart Disease

Regional Referral Pathway for Cardiac Disease in Pregnancy **DOCUMENTS**

Bicuspid Aortic Valve and Aortopathy Guideline

REFERENCES Baumgartner H et al. 2020 ESC Guidelines for the management of adult





congenital heart disease. Eur Heart J. 2020 00, 1-83

Stout et al. 2018 AHA/ACC Guideline for the Management of Adults With Congenital Heart Disease. Journal of the American College of Cardiology Aug 2018, 25255; DOI: 10.1016/j.jacc.2018.08.1029

Canadian Adult Congenital Heart Network (www.cachnet.org)

AUTHORISING

BODY

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SAFETY None

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