INTRODUCTION

Introduction

Congestive Heart Failure is defined as the situation in which cardiac output and or regional blood flow are inadequate for the metabolic demands of the patient. (Artman, and Graham, 1982).

Cardiac failure is a significant cause of mortality, particularly during the first year of life and constitutes a therapeutic challenge to physicians caring for infants with cardiac diseases (Talner, 1972) . It has been well established that the commonest cause of congestive heart failure in the neonatal period is congenital heart disease. Nevertheless other causes exist and may in fact require a different approach to both diagnosis and therapy. (Stern, et al, 1968).

The neonate seems particularly susceptible to heart failure in the absence of structural heart disease. Heart failure and or cardiomegaly in the neonate has been induced by asphyxia, hypoglycaemia, endocrinopathies, polycythemia, and hypervolaemia (Higgins, et al , 1980).

In the newborn, heart failure gives rise to a distinctive clinical syndrome. Common symptoms and signs are feeding difficulties, tachypnea, tachycardia, pulmonary rales and rhonchi, liver enlargement, and cardiomegaly. Less common

manifestations include increase in systemic venous pressure, peripheral oedema, ascites, pulsus alternans, gallop rhythm, and inappropriate sweating. Pleural and pericardial effusions are exceedingly rare except when the failure has originated in utero .
(Lees, and Sunderland, 1983) .

Management of newborn infants with congestive heart failure or severe cyanosis requires an aggressive diagnostic approach since surgical and medical treatment can be successful. (Levy, et al, 1970) .

Aim of the work:

In this essay we are going to discuss different etiological factors, pathophysiology , clinical presentation, diagnosis, and management of heart failure in the newborn infant.