

SUMMARY AND CONCLUSION

The study was carried out on 30 patients from both sexes 18 males and 12 females. Their ages ranged from 2 months to 11 years.

All cases were subjected to the following:

1. History including age, sex, S.O.B., repeated respiratory infections, consanguinity, presence of C.H.D. in the family, presence of heart failure.

2. Clinical examination including general examination and local examination of the heart.

3. E.C.G. to show normal tracing or either right, left or biventricular enlargement and the presence or absence of right bundle branch block.

4. Chest X-ray in both postero-anterior and left lateral view with barium swallow.

5. Echocardiography using M-mode method.

6. Cardiac catheter and angiocardiology.

The results proved that M-mode echocardiography although it is non-invasive technique and not-time consuming it is not yet a sure method for diagnosis of VSD and cardiac catheter and angiocardiology is still the surest

method for diagnosis of VSD and its size and location and to confirm the presence or absence of pulmonary hypertension.

Tables (9-12) show the Echo. errors in comparison with catheter and angiocardiography diagnosis. It is about 47% of the cases.