# Cardiology in the Young



Submit your paper online http://mc.manuscriptcentral.com/cty

**CAMBRIDGE** UNIVERSITY PRESS

https://doi.org/10.1017/S1047951110001599 Published online by Cambridge University Press



## www.allkids.org



Il Children's Hospital in St. Petersburg, Florida has been dedicated to children's unique medical needs since 1926. Our new 259-bed hospital provides the full spectrum of pediatric cardiac care, from the unborn child through adults with congenital heart disease. With nearly one-million square feet in our new hospital and adjoining Outpatient Care Center, we offer:

- 2 dedicated Cardiac Operating Suites
- 2 OR-capable Catheterization Labs
- Interventional Radiology Lab
- 22-bed Cardiovascular Intensive Care Unit
- Cardiac surgery & heart transplantation
- Cardiac MRI
- Perinatal cardiology & echocardiography
- Neonatal & pediatric cardiology
- Clinic for adults with congenital heart disease
- Outpatient Cardiology & Diagnostic Services
- Network of regional outpatient centers

Physician Access Line: 877-222-0404 (toll-free) or 727-767-8311

## Cardiology in the Young

journals.cambridge.org/CTY

#### **Editor-in-Chief**

Professor Edward J. Baker Oxford Radcliffe Hospitals NHS Trust, John Radcliffe Hospital, Headington, Oxford, OX3 9DU, UK

#### **Emeritus Founding Editor**

Professor Robert H. Anderson Cardiac Unit, Institute of Child Health, University College London, 30 Guilford Street, London WC1N 1EH, UK

#### **Associate Editors**

Allen D. Everett, Baltimore, MD Jeffrey P. Jacobs, St Petersburg, FL

#### **International Editors**

G. William Henry, Chapel Hill, NC Hiromi Kurosawa, Tokyo

Supplements Editor	Jeffrey P. Jacobs, St Petersburg, FL
Images Editor	Roxane McKay, Memphis, TN

**Founding Editors** Anton E. Becker, Amsterdam; Giancarlo Crupi, Bergamo; Arthur Garson Jr, Charlottesville, VA; Fernando Lucchese, Porto Alegre; Lucio Parenzan, Bergamo; the late Atsuyoshi Takao, Tokyo; Michael Tynan, London

#### **International Editorial Board**

Luc Mertens (Leuven)
Cleonice de C. Mota (Belo Horizonte)
Jane Newburger (Boston, MA)
Edgardo E. Ortiz (Quezon City)
Daniel Penny (Melbourne)
Andrew N. Redington (Toronto)
Girish S. Shirali (Charleston, SC)
Norman H. Silverman (Palo Alto, CA)
Giovanni Stellin (Padova)
András Szatmári (Budapest)
Hideki Uemura (London)
Steven A. Webber (Pittsburgh, PA)
James L. Wilkinson (Melbourne)
Shi-Joon Yoo (Toronto)

Cardiology in the Young is indexed and abstracted in Index Medicus/MEDLINE; Current Contents/Clinical Medicine; Research Alert; Sci Search; EMBASE/Excerpta Medica

Commissioning Editor: Dan Edwards Production Editor: Nicki Marshall

Design and Production: MPS Limited, Bangalore Printed & Bound: Latimer Trend, Plymouth

Published by Cambridge University Press (Journals), Edinburgh Building, Shaftesbury Road, Cambridge CB2 8RU, UK Tel: +44 (0)1223 326491; Fax: +44 (0)1223 325802; E-mail: dedwards@cambridge.org

Cambridge Journals Online For further information about this journal please go to the journal website at: journals.cambridge.org/CTY



Mixed Sources Product group from well-managed forests and other controlled sources www.fs.corg Cert no. SGS-COC-005493 9 1996 Forest Stewardship Council

CAMBRIDGE UNIVERSITY PRESS

Volume 20 • Number 6 • Pages 593–713

## Cardiology in the Young

#### COPYRIGHT © 2010 CAMBRIDGE UNIVERSITY PRESS ISSN 1047-9511

#### Table of ContentsDecember 2010

ORIGINAL ARTICLES	
Living at an altitude adversely affects exercise capacity in Fontan patients Jeffrey R. Darst, Marko Vezmar, Brian W. McCrindle, Cedric Manlhiot, Amy Taylor, Jennifer Russell, Anji T. Yetman	593
Biopsy-proven myocardial sequels in Kawasaki disease with giant coronary aneurysms Susumu Yonesaka, Toru Takahashi, Shuji Eto, Takumi Sato, Katuki Otani, Tomomi Ueda, Akira Sato, Yosuke Kitagawa, Yuki Konno, Manabu Kinjo	602
Increased arterial rigidity in children affected by Cushing's syndrome after successful surgical cure Pier Paolo Bassareo, Andrea Raffaele Marras, Daniele Pasqualucci, Giuseppe Mercuro	610
Interest of β-blockers in patients with right ventricular systemic dysfunction Rachid Bouallal, François Godart, Charles Francart, Adelaide Richard, Claude Foucher-Hossein, Christophe Lions	615
Asymptomatic rhythm and conduction abnormalities in children with acute rheumatic fever: 24-hour electrocardiography study <i>Mehmet Karacan, Sedat Işıkay, Haşim Olgun, Naci Ceviz</i>	620
Functional health status in children following surgery for congenital heart disease: a population-based cohort study Signe H. Larsen, Brian W. McCrindle, Elisabeth B. Jacobsen, Søren P. Johnsen, Kristian Emmertsen, Vibeke E. Hjortdal	631
Ventricular tachycardia in infants with structurally normal heart: a benign disorder Mark D. Levin, Paul Stephens, Ronn E. Tanel, Victoria L. Vetter, Larry A. Rhodes	641
Estimation of patent ductus arteriosus diameters by colour Doppler echocardiography in children <i>Hamid Amoozgar, Manochebr Soltani, Siros Cheriki</i>	648
Anomalous origin of the pulmonary artery from the aorta: early diagnosis and repair leading to immediate physiological correction Gabriel Amir, Georgy Frenkel, Elhanan Bruckheimer, Tamir Dagan, Jacob Katz, Michael Berant, Bernardo Vidne, Einat Birk	654
Morbidity after paediatric cardiac surgery assessed with usage of medicines: a population-based registry study Heta P. Nieminen, Heikki I. Sairanen, Eero V. Jokinen	660
Functional outcomes after neonatal open cardiac surgery: comparison of survivors of the Norwood staged procedure and the arterial switch operation <i>Gwen Y. Alton, Gwen R. Rempel, Charlene M. T. Robertson, Christine V. Newburn-Cook, Colleen M. Norris</i>	668
Reproducibility of Doppler measures of ventricular function during maximal upright cycling <i>Thomas W. Rowland, Michael E. Willers</i>	676
Dilated cardiomyopathy presenting in childhood: aetiology, diagnostic approach, and clinical course Valentina Gesuete, Luca Ragni, Daniela Prandstraller, Guido Oppido, Roberto Formigari, Gaetano D. Gargiulo, Fernando M. Picchio	680
Open anastomosis of extracardiac conduit for total cavopulmonary connection decreases post-operative pleural effusion <i>Ryo Aeba, Masanori Morita, Toru Matayoshi, Ryohei Yozu</i>	686

#### Table of Contents continued

#### IMAGES IN CONGENITAL CARDIAC DISEASE

Left main coronary artery arising from the pulmonary artery: assessment with multi-sliced computed tomography Mohammad H. Mandegar, Bahare Saidi, Farideh Roshanali, Mahmood Tehrai	
Multidetector computed tomography appearance of parial anomalous pulmonary venous connection to the azygos vein Nagihan Inan, Kadir Babaoglu, Hasan T. Sarisoy	695
Multidetector computed tomographic angiography of isolated partial anomalous pulmonary venous return Aysel Türkvatan, Tülay Ölçer, Turhan Cumhur	697
Layered left pulmonary artery thrombus in a patient with Potts shunt findings from cardiac magnetic resonance and cardiac computed tomographic imaging <i>Sergey P. Yalonetsky, Rachel M. Wald, Andrew M. Crean</i>	699
BRIEF REPORTS	
Left ventricular mass in Wegener's granulomatosis: a brief report Sunita J. Ferns, Nguyenvu V. Nguyen, Hyde M. Russell, Carl L. Backer	
Transient complete atrioventricular block after percutaneous pulmonary valve implantation Bettina Ruf, Andreas Eicken, John Hess	704
LETTER TO THE EDITOR	
To-and-fro murmur in the young due to major congenital cardiac defects: is cardiac auscultation obsolete? Avibu Z. Gazit, Gautam K. Singh, Mark C. Johnson	707
NEWS FROM THE ASSOCIATION FOR EUROPEAN PAEDIATRIC CARDIOLOGY	709
OBITUARY	712

This journal issue has been printed on FSC-certified paper and cover board. FSC is an independent, non-governmental, not-for-profit organization established to promote the responsible management of the world's forests. Please see www.fsc.org for information

Cardiology in the Young © 2010 Cambridge University Press, ISSN 1047-9511 is published bi-monthly

Subscription information: Volume 20 (6 issues) will appear in 2010. Correspondence concerning subscriptions should be addressed to: Journals Customer Services, Cambridge University Press, The Edinburgh Building, Cambridge CB2 8RU, UK. Tel: +44 (0)1223 326070; Fax: +44 (0)1223 325150; E-mail enquiries: journals\_subscriptions@cambridge.org; Web: www.cambridge.org; Cambridge Journals Online: www.journals.cambridge.org. The subscription rate for 2010 Volume 20 (6 issues) is: Individual rate £338 or US\$582; Institutional rate £658 or US\$1138. All prices inclusive of postage. Cheques should be made payable to Cambridge University Press. Copyright: The submission of a manuscript implies the following: (a) that the work described has not been published before, except in the form of an abstract or as part of a published lecture, review, or thesis; (b) that it is not under consideration for publication elsewhere; (c) that all co-authors approve its publication; (d) that its publication is approved by the responsible authorities at the institute where the work has been carried out; (e) that when the manuscript is accepted for publication, the authors agree to the automatic transfer of the copyright to the publisher; (f) that the manuscript will not be published elsewhere in any language without the consent of the copyright holders, and (g) that written permission of the copyright holder is obtained by the authors for material used from other copyrighted sources. All articles published in this journal are protected by copyright, which covers the exclusive rights to reproduce and distribute the article (e.g., as offprints), as well as all translation rights. No material published in this journal may be reproduced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm, in video disks, etc., where the universe of the produced photographically or stored on microfilm and the store and accurate at the date of its going to press, neither the authors, the editors, nor the publisher can accept any legal responsibility for any errors or omissions that may be made. The publisher makes no warranty, express or implied, with respect to the material contained herein. Cambridge University Press publishes advertisements in this journal while relying on the responsibility of the advertiser to comply with all legal requirements relating to the marketing and sale of products or services advertised. Cambridge University Press and the editors are not responsible for claims made in the advertisements published in the journal. The appearance of advertisements in Cambridge University Press publications does not constitute endorsement, implied or intended, of the product advertised or the claims made for it by the advertiser. Photocopies may not be made for personal or in-house use beyond the limitations stipulated under US Copyright Law. Advertisements: For advertisement rates and information on advertisement copy contact Cardiology in the Young, Advertising Dept., Cambridge University Press (Journals), Edinburgh Building, Shaftesbury Road, Cambridge CB2 8RU, UK. Tel: +44 (0)1223 325083; Fax: +44 (0)1223 325081; E-mail: ad\_sales@cambridge.org. Change of address: Please notify the Subscription Department. Send new address and postal code, and the address label from a current issue to Journals Customer Services, Cambridge University Press, FREEPOST CB27, The Edinburgh Building, Cambridge CB2 8BR, UK. Tel: +44 (0)1223 326070; Fax: +44 (0)1223 325150; E-mail enquiries: journals\_subscriptions@cambridge.org; Web: www.cambridge.org; Cambridge Journals Online: www.journals.cambridge.org. Printing: Cardiology in the Young (ISSN 1047-9511) is printed bi-monthly in 2010 by Latimer Trend, Plymouth.

#### CARDIOLOGY IN THE YOUNG

Submission to *Cardiology in the Young* is exclusively via the web-based peer-review system, *CTY* Manuscript Central.

Online submission enables rapid review and allows online manuscript tracking.

We invite all authors to submit online any NEW MANUSCRIPTS that are to be considered for publication in *Cardiology in the Young*.

Please use the following URL: http://mc. manuscriptcentral.com/cty

#### Editorial policies

*Cardiology in the Young* is devoted to cardiovascular issues affecting the young and the older patient with the sequels of cardiac disease acquired in childhood. Submission of both basic research and clinical papers is encouraged. Articles on fundamental principles will also be considered for publication. Reviews on recent developments are welcome. The Journal serves the interest of all professionals concerned with these topics. By design, the Journal is international and multidisciplinary in its approach, and the members of the Editorial Board take an active role in the Journal's mission. Prospective authors are encouraged to consult with the editors and members of the Editorial Board with any inquiries. The editors encourage the submission of articles from developing countries.

Articles should be concerned with original research not published previously and not being considered for publication elsewhere. Submission of a manuscript to the Journal gives the publisher the right to publish that paper if it is accepted, and the copyright of the manuscript becomes property of the publisher. Manuscripts may be edited to improve clarity and expression.

Authors must ensure that their studies comply with appropriate institutional and national guidelines for ethical matters. Specifically, by submission of a manuscript, the authors are responsible for compliance with guidelines and regulations of the authors' institution and all appropriate governmental agencies.

Articles including human subjects must include a statement that informed consent was obtained and that the study was reviewed and approved by the institution's committee on human experimentation. Articles including animal experimentation must conform to the principles of the American Physiological Society, and a statement acknowledging conformation to these standards must be included in the *Materials and methods* section of the manuscript. Authors are also requested to identify possible conflicts of interest, especially as it relates to commercial sponsorship or equity holdings.

#### Language

The language of the Journal is English, but acceptance of a manuscript will reflect scientific rather than grammatical content. The editors undertake to facilitate the publication of papers from those authors whose native language is not English.

#### Manuscripts

Manuscripts should be submitted via the webbased peer-review system, *CTY* Manuscript Central and must include a complete set of Figures. Further information regarding Figure formats is outlined below. Type all pages with double-spacing and wide margins on all pages, with left justified margins. Divide the manuscript into the following sections: Title Page, Abstract, Keywords (3–6), Introduction, Materials and methods, Results, Discussion, Acknowledgements, References, Tables, Figure legends and Figures.

#### Cover letter

A submission letter is required for all papers. A submission letter template will be attached to the confirmation email that the author will receive after completing online submission.

#### Authorship

Authorship should be assumed only by those workers who have contributed materially to the work and its report, and who accept the responsibility for the accuracy of the concepts expressed. Colleagues who have otherwise assisted or collaborated should be recognized in the section for acknowledgements. An excellent guide to authorship is given by the Style Manual Committee of the Council of Biology Editors, and the editors encourage consultation with this source.

#### Style

The Journal uses the English language, and avoids the use of Latin terms such as 'superior vena cava'.

Anatomic terms should be given in the English language. Do not use abbreviations. Headlines and subheadings should be liberally employed in the methods, results, and discussion sections. Use short paragraphs whenever possible. The authors should strive for clarity of expression, avoiding, in particular, the use of jargon. Authors should also avoid conventions such as Group 1, Group 2, and so on, using descriptive titles rather than alphanumeric codes.

#### Title page

Follow the on-screen instruction on CTY Manuscript Central to enter each piece. The title page should include a descriptive title, a running head title not to exceed 50 characters, authors' complete names (first names and initials followed by family name), academic addresses, corresponding author (with full address, telephone and fax numbers, and email address), keywords (3-6 for indexing purposes and words not used in main title of article), and all sources of financial support, including grants from non-profit organizations and/or any commercial support. Please note that authors' qualifications or academic positions should not be included except in the address for correspondence.

#### Abstract

The Abstract should be no more than 250 words and should include statements identifying relevant methods and results justifying publication. Do not use abbreviations.

#### Introduction

The Introduction should be brief and set out the purposes for which the study has been performed. It should not include an extensive review of the literature.

#### Materials and methods

The Materials and methods should be sufficiently detailed so that readers and reviewers can understand precisely what has been done without studying the references directly. The description may be abbreviated when well-accepted techniques are used with appropriate reference to previously published methods. Statements confirming conformation to institutional and governmental review of the experimental protocol (see above in the Editorial policies section) should be included here.

#### Results

The results should be presented precisely. Reference to Tables and Figures, to the extent that they contribute substantively to help the reader understand clearly the relevant positive and negative findings, is encouraged.

Keep discussion of their importance to a minimum in this section of the manuscript.

#### Discussion

The Discussion should relate directly to the study being reported. The Discussion should interpret the results, should describe the relevance of the results, and should include a discussion of the limitations of the study. Do not include a general review of the topic.

#### Acknowledgements

Acknowledgements should follow the discussion.

#### References

References should be numbered consecutively (in superscript) as they appear in the text. Type the reference list with double-spacing on a separate sheet. References (using Index Medicus abbreviations) should appear in the style as demonstrated below. Please note that if more than six authors, the **first three** authors should be listed and then 'et al.'. Examples:

- 1. Redington AN, Rigby ML, Oldershaw P, Gibson DG, Shinebourne EA. Right ventricular function 10 years after the Mustard operation for transposition of the great arteries: analysis of size, shape, and wall motion. Br Heart J 1989; 62: 455–461.
- 2. Smith VR, Jones AL, Miller W et al. Left ventricular myocardial velocities in children. Eur Heart J 2000; 21: 104–112.
- Zuberbuhler JR. Clinical Diagnosis in Pediatric Cardiology. Churchill Livingstone, New York, 1981.
- Frantz EG. Adult respiratory distress syndrome in children. In: Harried HS, Jr (ed.) Pediatric Pulmonary Heart Disease. Little, Brown, Boston, 1990, pp 315–324.

#### Tables

Tables should follow the style as demonstrated in issues to date, and be essential to the understanding of the text. Tables should have short descriptive titles and should be numbered (1, 2, 3 etc.) as they appear sequentially in the text. If only one Table is included, it should be referred to as Table. Submit each Table on a separate sheet of paper. All abbreviations and symbols should be defined in a footnote below the Table.

#### Figures

Please ensure that all graphs are exclusively submitted as 2-dimensional images.

To ensure that your figures are reproduced to the highest possible standards, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures.

Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal.

#### Line artwork

Format: tif or eps Colour mode: black and white (also known as 1-bit) Resolution: 1200 dpi

Combination artwork (line/tone)

Format: tif or eps Colour mode: grayscale (also known as 8-bit) Resolution: 800 dpi

### Black and white halftone artwork

Format: tif Colour mode: grayscale (also known as 8-bit) Resolution: 300 dpi

#### Colour halftone artwork

Format: tif Colour mode: CMYK colour Resolution: 300 dpi

If you require any further guidance on creating suitable electronic figures, please visit http://dx. sheridan.com/guidelines/digital\_art.html. Here you will find extensive guidelines on preparing electronic figures and also have access to an online preflighting tool (http://dx.sheridan.com/index.html) where you can check if your figures are suitable for reproduction.

#### Case Reports / Brief Reports

Case Reports which add important new information will be published as Brief Reports. Articles published in this section should have no more than three authors, 1,000 words, an abstract (of about 60 words), 3–6 key words, two Figures or Tables, and 10 references.

#### Editorials and Letters to the Editor

Readers are encouraged to write about any topic that relates to cardiology in the young. Such letters will appear in *Letters to the Editor*. They should be no longer than 500 words. Editorials are written on invitation but unsolicited articles of approximately 1,500 words which may have particular topical interest will be welcomed for consideration.

#### Reviews

Reviews of recent developments are welcome. Authors are encouraged to contact the editor to determine the appropriateness for inclusion.

#### Images in Congenital Cardiac Disease

Definitive, unique, or extraordinary pictures of any aspect of congenital cardiac disease will be presented with an accompanying legend of not more than 250 words (one double-spaced page). A maximum of three authors and one reference may be included. Instructional value and artistic merit will be considered in addition to scientific import and clinical relevance.

#### Offprints

Article offprint order forms will be sent to the corresponding author with the proofs. If you do not receive the relevant form please email the Production Editor at: nmarshall@cambridge.org

#### Reprints

Article reprints (following publication) are available from ad\_sales@cambridge.org A minimum reprint order of 500 copies is required.

#### Permission

Requests for permission to reproduce any material originally published in *Cardiology in the Young* should be sent to the Permissions Manager at lnicol@cambridge.org

#### Announcements

Meetings and courses will be announced in each Issue. Refer to the Announcements Section for appropriate guidelines. Please email details to: ctyedoffice@cambridge.org The Journals homepage, www.journals.cambridge.org/cty, offers paying advertisers the opportunity to promote conferences / courses and recruitment vacancies (subject to editorial approval). For rate details please email: ad\_sales@ cambridge.org

#### Page changes

Page changes will not be made once proofs are prepared for publication.

Articles not conforming to these instructions will be returned to the corresponding author for correction, and will delay review and publication.

(Revised April 2008)