# INTERVENTIONAL PEDIATRICS

## & RESEARCH

## **Cardiovascular Disease in Pediatrics**

Jenny Stevens\*

Department of Pediatric Surgery, University of Colorado School of Medicine. USA

\*Author for correspondence: jenny\_stevens@outlook.com

The majority of children who suffer from coronary artery disease have an inborn cardiac defect. These are the most basic heart deserts that a child is born with. Intrinsic heart deserts are the most prevalent type of birth abandonment, occurring in 8-10 out of every 1000 live newborns. In India, it is estimated that 2, 40,000 children are born each year with an inborn heart defect, with 1/5th of these requiring a cardiovascular treatment or technique within the first year of life.

A wide range of intrinsic heart surrenders are encountered, ranging from minor flaws that can be corrected with a single procedure to severe abnormalities that will necessitate multiple systems. Intrinsic heart surrenders recall divider openings, restricted valves, valve releases, unique chamber and vessel affiliations, absent or hypo plastic chambers, limited or hypo plastic vessels, and occasionally a mix of several abnormalities. Pediatric acquired heart surrenders are circulatory problems that appear later in adolescence as a result of a sickness, an invulnerable response, or other factors. In children, the most common heart abandons are:

Kawasaki Disease is a disease that affects people. This is a multisystem illness that affects young children and causes irritation of the heart's veins, tissues in the mouth, lips, and eyes, as well as the skin of the chest, hands, and feet. The cardiovascular symptoms of Kawasaki disease are serious and can lead to death; there is swelling of the coronary veins, which are the veins that supply oxygen and nutrients to the heart. Coronary conduit inclusion can be transitory or long-lasting, and it can lead to cluster formation, angina, and myocardial localized necrosis over time.

Multisystem Inflammatory Syndrome in Children

with SARS-Cov-2 (MIS-C or PIMS-TS) is a rare new condition that appears 2 months after the peak in COVID contaminations in COVID endemic areas. In April 2020, MIS-C was first seen in the United Kingdom after an underlying COVID contamination or openness in children. Since then, numerous cases have been investigated in Europe, North America, and India. The child may have a high temperature, rashes, and conjunctival redness, and they frequently present to the clinic in a basic state with low blood pressure and loss of consciousness. Shock is a clinical condition that necessitates ICU treatment, including breathing and certain drugs to assist the heart. Fortunately, when properly diagnosed and treated, MIS-C patients recover quickly, emotionally, and completely, and this ailment has fantastic outcomes.

Cardiomyopathy and Myocarditis these are a group of problems in which the heart is primarily normal but the capacity and contractility of the heart muscle are compromised. Myocarditis is a condition in which the heart muscle is irritated, often as a result of a viral infection, resulting in temporary heart failure and cardiovascular breakdown. Myocarditis can also progress to expanded cardiomyopathy, in which the heart's ability to pump blood is severely hampered and the heart is massively enlarged. Widened cardiomyopathy can be treated with medications for a short time, but more acute cases may require ventricular assist devices or possibly heart transplantation.

#### **Acknowledgement**

None.

#### **Conflict of Interest**

The author declares there is no conflict of interest.