

# Advances in Pediatric Cardiology Research, Diagnosis and Treatment

Leading the Way in Kids' Care

Craig Sable, MD

Academic Associate Chair, Pediatrics

Co-Director, Congenital Heart Center





Leading the Way in Kids' Care

## No Disclosures



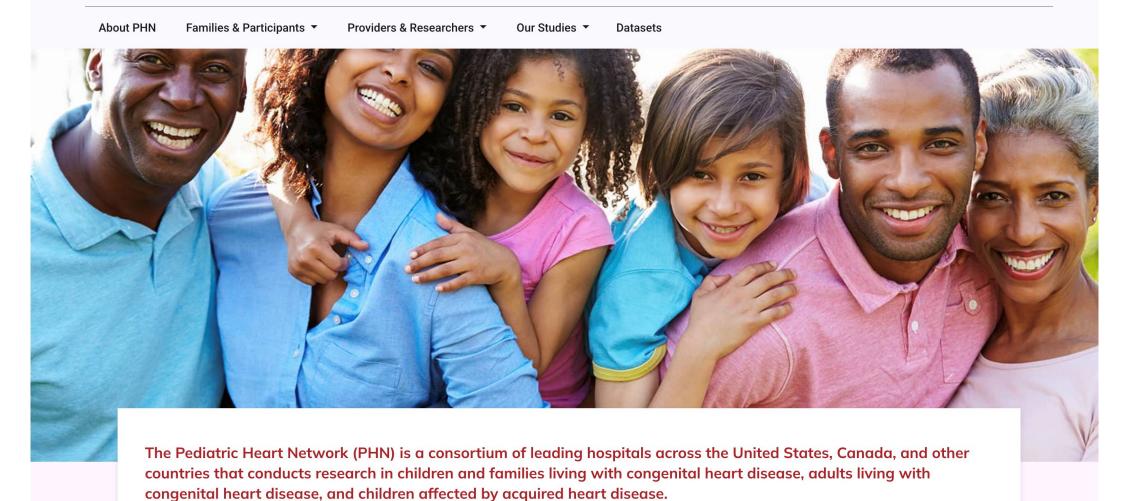


## Hot Topics in Pediatric Cardiology

- Pediatric Heart Network
- Cardiac surgery
- Catheter-based and Hybrid interventions
- Pacemakers
- Genetics, biomarkers, and regenerative advances
- Neuromonitoring and cerebral protection

- Rehabilitation
- Dysautonomia
- Kawasaki disease
- Telemedicine
- Wearable biosensors
- Global health









### **Completed**

- SVR Trial: right ventricular to pulmonary artery shunt (RVPA) vs. Modified Blalock-Taussig Shunt (MBTS) for Stage I Norwood – <u>RVPA better survival (but more</u> complications) in first 12 months, no difference in longer term followup
- ISV: Infant Single Ventricle Enalapril vs Placebo Trial No Benefit
- SV/Digoxin: Retrospective study assessing relationship between digoxin use and mortality in single ventricle interstage period – <u>Digoxin is associated with decreased</u> mortality
- Kawasaki Disease: Methylprednisolone vs Placebo Trial No Benefit
- Marfan: Atenolol vs Losartan Trial No Difference
- FUEL/FALD: Can udenafil improve heart function and exercise in children who had a Fontan operation – <u>Some</u> <u>Positive Effect</u>
- A Phase I Study of **Dexmedetomidine** Bolus and Infusion in Infant Cardiac Surgery: Safety and Pharmacokinetics – Safety Confirmed
- Echo Z-Score & Normal Electrocardiogram

### **Active**

- CAMP: Low-Interventional cohort study of Myocarditis/Pericarditis associated with COMIRNATY (COVID Vaccine)
- CHILD-DS: Congenital Heart disease: Impact on Learning and Development in Down Syndrome
- COMPASS: COmparison of Methods of Pulmonary blood flow Augmentation in neonates: Shunt versus Stent
- DO IT!: Can pitavastatin lower cholesterol in obese children and adolescents
- Is oxandrolone safe and tolerated in newborns with single ventricle heart defects who have undergone a Norwood procedure?
- **SVRIII**: This is a second follow-up of the trial which aimed to see which shunt type was best for infants with single ventricle heart defects undergoing the Norwood operation. The purpose of this study is to see which type of shunt is most effective by later school age.



## **Pediatric Cardiac Surgery**

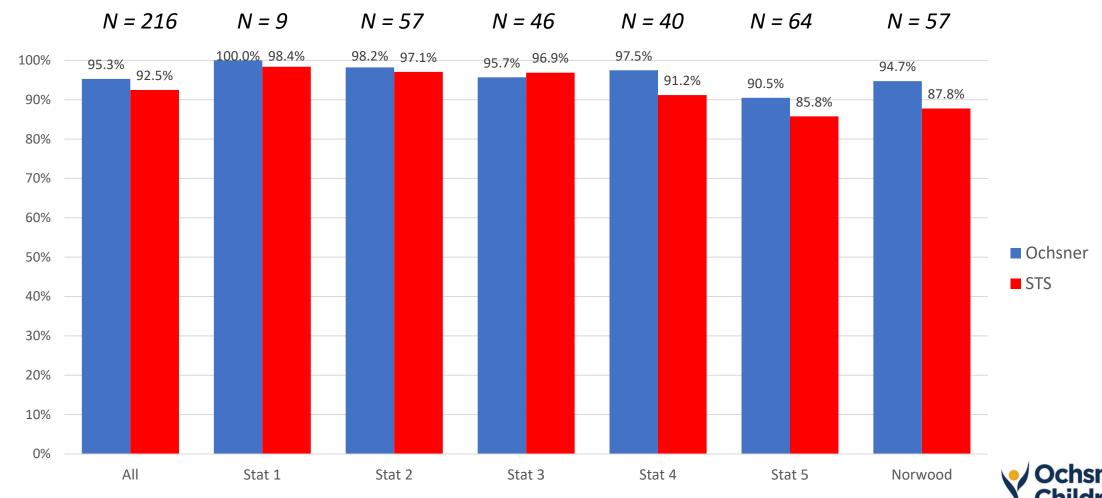
- Improved neonatal and single ventricle outcomes
- Dedicated pediatric (and neonatal) cardiac intensive care units
- 3D Printing for surgical planning
- Minimally invasive surgery
- Biodegradable and growth-adaptive implants
- Mechanical support for heart failure





## Ochsner Neonatal Open-Heart Surgery Survival Rates: 2016 – 2025

Ochsner's survival rates are among the highest in the US when comparing to STS national averages. This is most significant for highest risk operations (STAT 4 and 5) including Stage 1 Norwood Operation

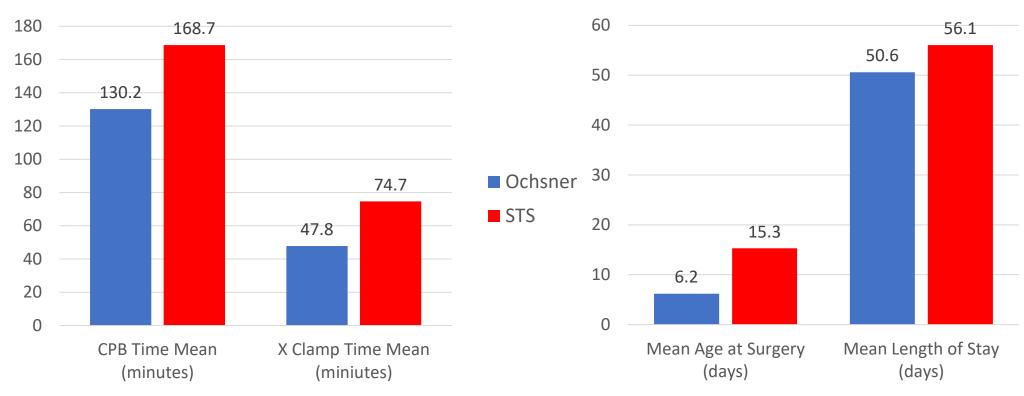


Hospital



### Ochsner Stage I Norwood Operations (N = 57) Surgical Times and Hospital Days: 2016 - 2025

Ochsner's CPB and X-Clamp times are shorter than national STS average Ochsner operates earlier and has lower length of stay than national STS average



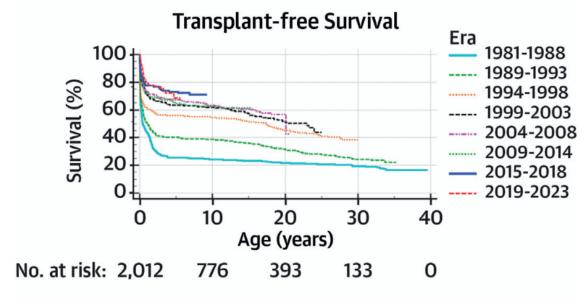




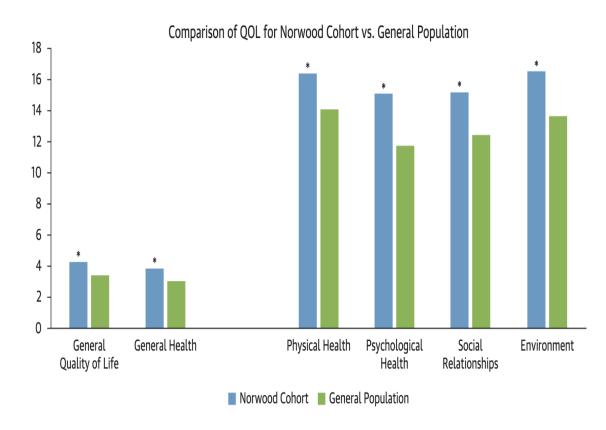
## Hypoplastic Left Heart Syndrome

### Long Term Outcomes

Long-term Survival After Reconstructive Surgery for Hypoplastic Left Heart Syndrome



Transplant-free survival for patients with HLHS has improved over time but plateaued in recent eras. In this cohort of patients who underwent staged reconstructive surgery for HLHS, fewer than 1/3 are alive without a transplant at 35 years of age.







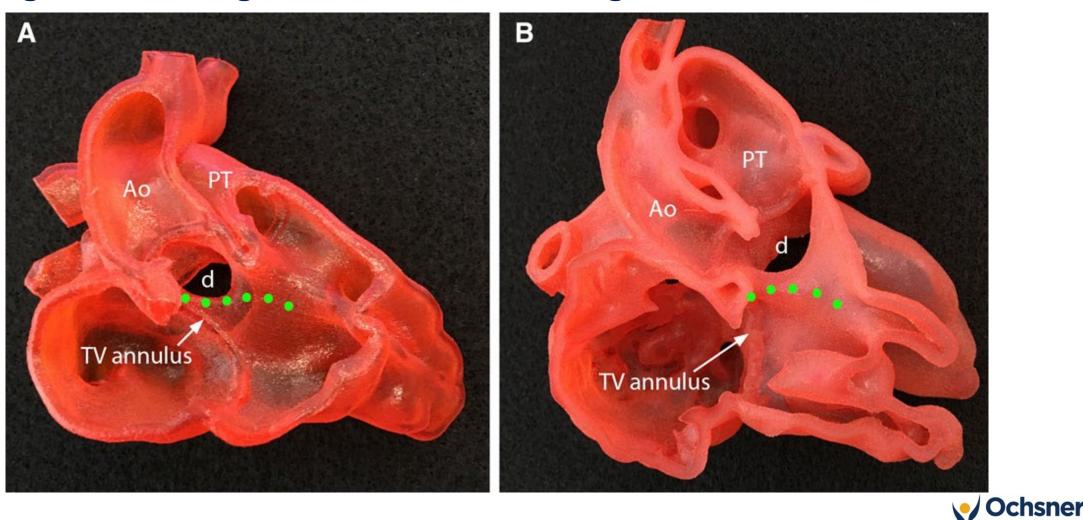
## Pediatric and Neonatal Cardiac Intensive Care







## 3D Printing Surgical Planning for Double Outlet Right Ventricle



Children's N Hospital



## Minimally Invasive Surgery

- Procedure and recovery times
- Pain
- Cardiopulmonary bypass strategy
- Thoracoscopic and robotic approaches
- Defects
  - Atrial septal defect
  - Ventricular septal defect
  - Anomalous pulmonary venous return
  - Vascular rings

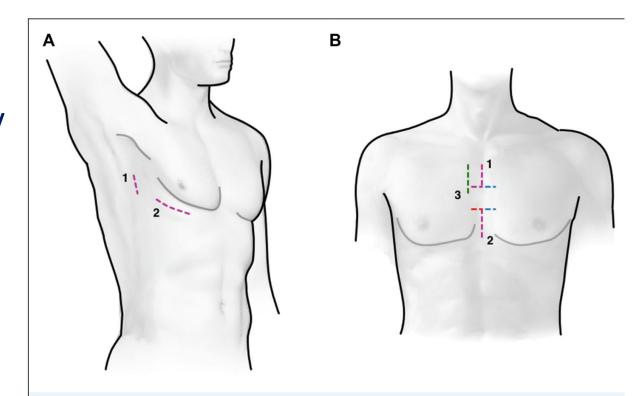


FIGURE 1 Commonly used minimally invasive incisions. (A) Right vertical thoracotomy (1) and anterolateral thoracotomy (2). (B) Superior partial sternotomy with right, left, or bilateral extension into adjacent intercostal space (1), sternal split or lower partial sternotomy with right, left or bilateral extension into adjacent intercostal space (2), and parasternal incision (3).





## Biodegradable and Growth-Adaptive Implants

## Autologous and Decellularized Tissue Engineered Heart Valves

- Autologous vascular cells seeded on a biopolyester scaffold in vitro
- Autologous ovine bone marrow-derived mesenchymal cells seeded onto a bioresorbable scaffold
- Autologous endothelial, smooth muscle, and fibroblast cells seeded on patient-derived fibrin scaffold in vitro
- Autologous ovine bone-marrow-derived stem cells seeded onto a bioresorbable scaffold integrated into a self-expanding stent
- Decellularized heart valve fabricated on a bioresorbable nitinol stent scaffold with human vascular-derived fibroblasts
- Decellularized heart valve engineered on a rapidly degrading synthetic scaffold with autologous vascular-derived cells
- Decellularized valve engineered in vitro from human neonatal dermal fibroblasts on a bioresorbable PGA scaffold with integrated Valsalva sinuses
- Decellularized tubular valve engineered in vitro from autologous ovine dermal fibroblasts with degradable sutures
- Decellularized tubular valve engineered on a collagen scaffold with ovine dermal fibroblasts
- Decellularized human pulmonary valve allograft reseeded with autologous endothelial progenitor cells
- Decellularized xenograft using Matrix P plus (decellularized porcine pulmonary valve)
- Decellularized xenograft using Matrix P and Matrix P plus pulmonary valves
- Decellularized pulmonary valve homograft
- Decellularized aortic allograft
- Synergraft<sup>™</sup> valve: Decellularized porcine heart valve
- ARISE trial: Decellularized aortic allograft
- Computationally inspired in vitro design of decellularized TEHV seeded with myofibroblasts
- Pulmonary valve with scaffold created from a bioresorbable novel supramolecular elastomer based on bis-urea-modified polycarbonate
- Xeltis pulmonary valve made of bioresorbable supramolecular 2-ureido-4[1H]-pyrimidone





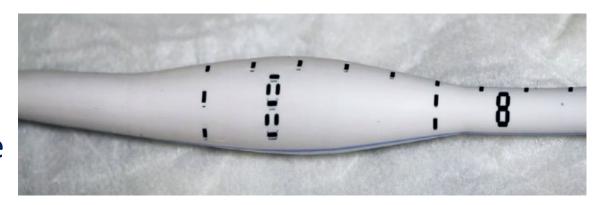






## Polymer Grafts and Valves

- Expandable Grafts and Bi/Trileaflet polymeric valves with leaflets made of 0.1 mm expanded polytetrafluoroethylene coated with phosphorylcholine
- Balloon/stent-expandable
- Procedures
  - Aorto-pulmonary shunt
  - Fontan
  - Pulmonary valve/aortic valve replacement

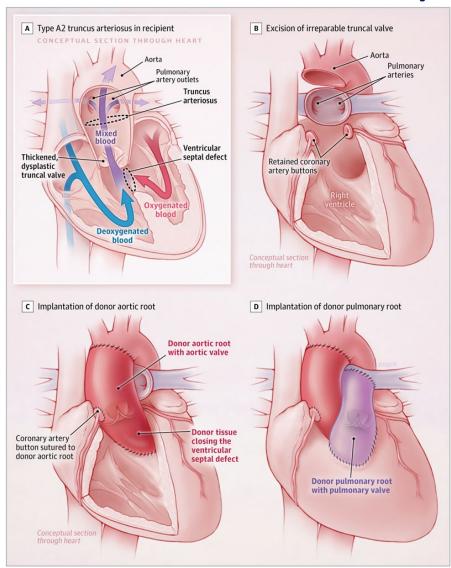


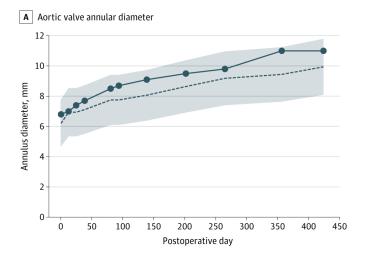


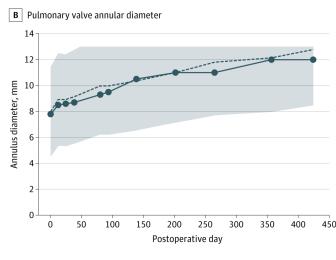


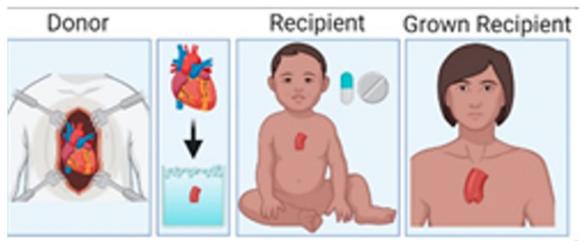


## **Partial Heart Transplantation**













## **Mechanical Support Devices**

- Extracorporeal membrane oxygenation (ECMO)
- Ventricular assist devices (recovery, bridge to transplant, destination therapy): LVAD, RVAD, or BiVAD
  - Implantable
    - Pulsatile: Berlin Heart EXCOR®, approved for infants
    - Continuous flow: HeartMate 3, INCOR, used in older patients
    - Centrifugal pumps: CentriMag™
       PediMag™, shorter term
  - Percutaneous (Microaxial Pump): Impella, smaller, temporary
- Total artificial heart









## Catheter-based and Hybrid Interventions

- Premature PDA closure
- Transcatheter valve placement
- New devices: occluders for ASD/VSD
- Hybrid cardiac procedures combining surgery and cath lab
- Fusion navigation systems reduce fluoroscopy and improve accuracy
- Fetal intervention





### PDA/Piccolo Cath Closure: 2019 – 2025 Largest Premature PDA Experience in US

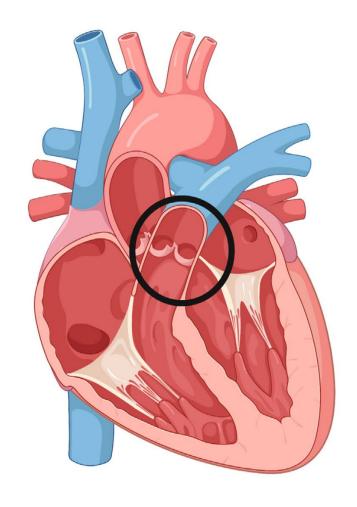
	Premature (192)	Older (131)
Baptist (Community Hospital)	181	0
Age (months)	$1.20\pm0.73$	$18.9 \pm 15.6$
Weight (Kg)	$1.22 \pm 0.69$	$10.2 \pm 4.79$
Gestational age (weeks)	$25.0\pm2.17$	N/A
Birth weight	$0.73 \pm 0.26$	N/A
Procedure time (minutes)	$43.6 \pm 22.6$	$55.4 \pm 29.2$
Fluoroscopy time (minutes)	$7.33 \pm 8.38$	$9.66 \pm 10.2$
Contrast (cc)	$2.60\pm2.49$	$30.4 \pm 11.9$
Blood loss (cc)	$1.89 \pm 1.72$	$3.86 \pm 1.49$
Procedure Related Mortality	1	0
Follow-up time (months)	$15.4 \pm .16.8$	$13.5 \pm 17.1$
Residual shunt		
None	190	130
Small	2	1
Moderate/large	0	0
Left pulmonary artery branch stenosis		
None	189	127
Mild	3	4
Moderate/severe	0	0
Coarctation		
None	187	129
Mild	5	2
Moderate/severe		



**Hospital** 



## Transcatheter Pulmonary Valve Placement



**Balloon Expandable Valves** 





Self-expanding Valves







Self-expanding Prestent

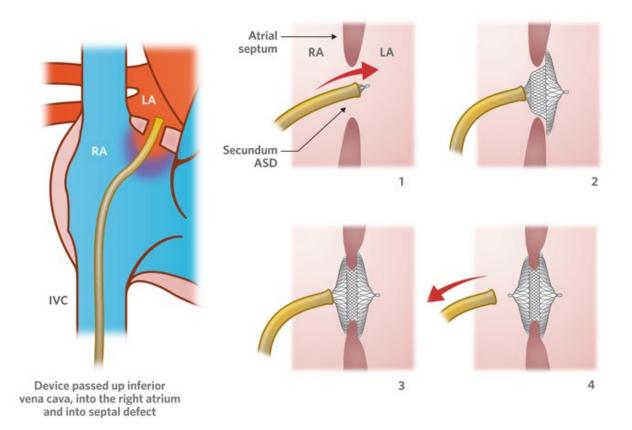






## Septal Occluder Devices

### **Atrial Septal Defect**

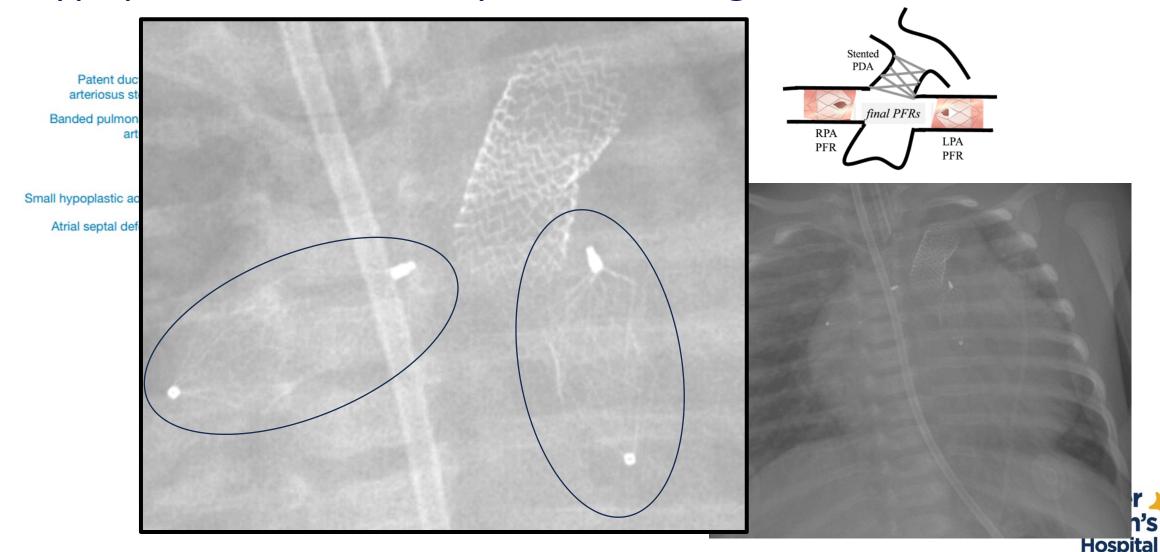


### Ventricular Septal Defect





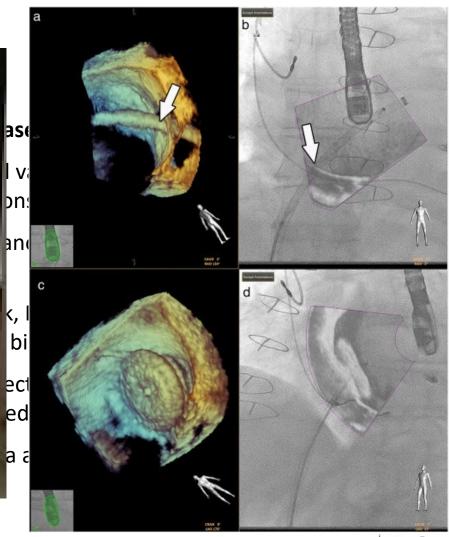
## Hybrid (Surgery and Catheterization) Procedures Hypoplastic Left Heart Syndrome: Stage I Palliation





## **Fusion Navigation Tools**



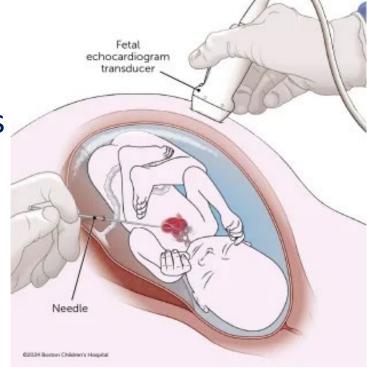


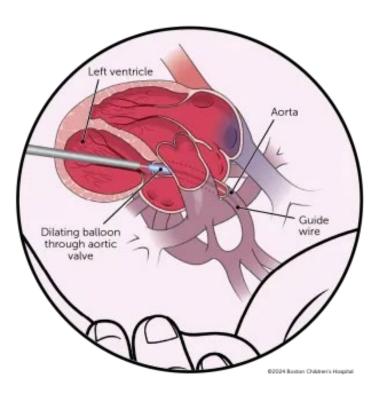




## **Fetal Cardiac Intervention**

- Critical aortic stenosis
- Critical pulmonary stenosis
- Restrictive atrial septum
- Complete heart block
- Pericardial effusion

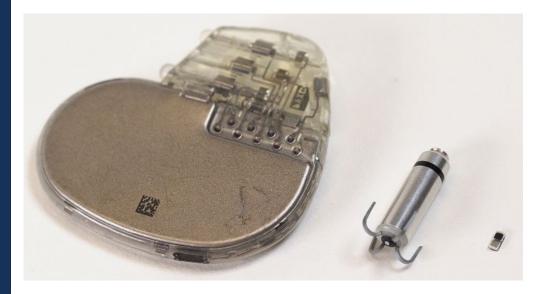


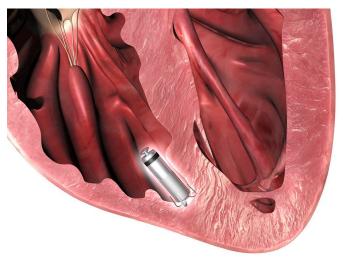


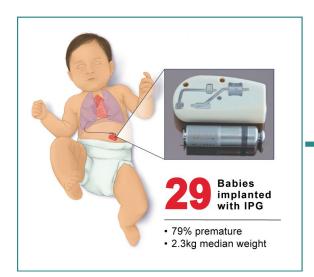


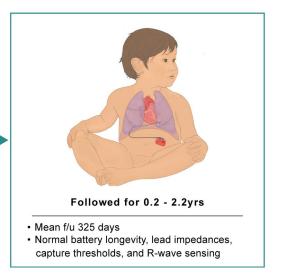


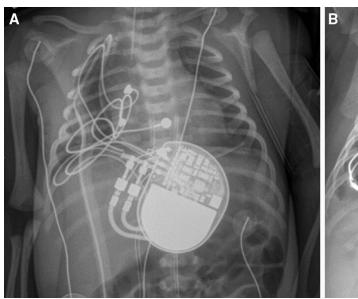
## Pacemakers

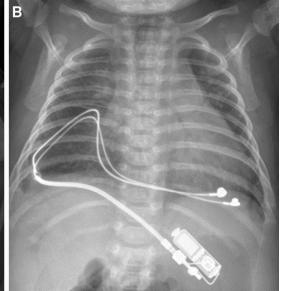
















## Genetic, Biomarker & Regenerative Advances

- Genetic diagnostics and targeted therapies for inherited cardiomyopathies: Muscular Dystrophy, Pompe's Disease
- Biomarkers
  - Heart failure and transplant
  - Neuro-developmental risk
- Stem/stem-derived cells for repair of complex congenital heart disease
  - Autologous cord blood
  - Mesenchymal-derived stem cells
  - Cardiac progenitor cells







## Neuro-Monitoring and Cerebral Protection





- Regional perfusion, near-infrared spectroscopy and continuous EEG for brain safety during CHD surgery
- Protocols to limit oxidative stress and improve long-term neurodevelopment
- Comprehensive multidisciplinary neurodevelopmental outcomes assessment and care





### **AHA SCIENTIFIC STATEMENT**

Neurodevelopmental Outcomes for Individuals With Congenital Heart Disease: Updates in Neuroprotection, Risk-Stratification, Evaluation, and Management: A Scientific Statement From the American Heart Association

#### Genetic

 Genetic abnormality or syndrome associated with developmental delay or disorder

#### Fetal/Perinatal

- Congenital heart disease physiology resulting in decreased O<sub>2</sub> and nutrient delivery to the brain
- Premature/Early term birth
- Postnatal congenital heart disease diagnosis requiring neonatal cardiac surgery

### Surgical/Perioperative

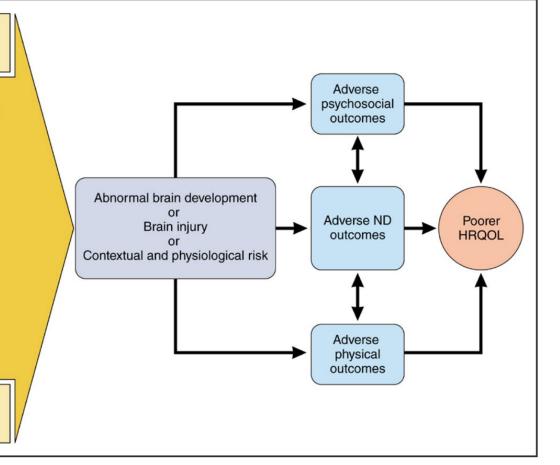
- · Perioperative seizures in infancy
- · Significant brain injury on neuroimaging
- · Prolonged post-op infant hospitalization
- · Cardiopulmonary resuscitation
- Mechanical support (ECMO, VAD)
- · Heart transplantation

### Early Growth/Development

- · Feeding delay in infancy
- · Growth failure in infancy/toddlerhood
- · Developmental delay in infancy/toddlerhood

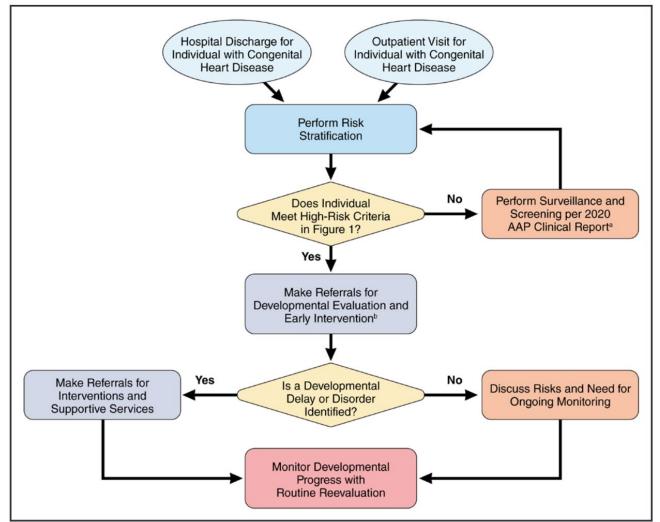
#### Social and Family

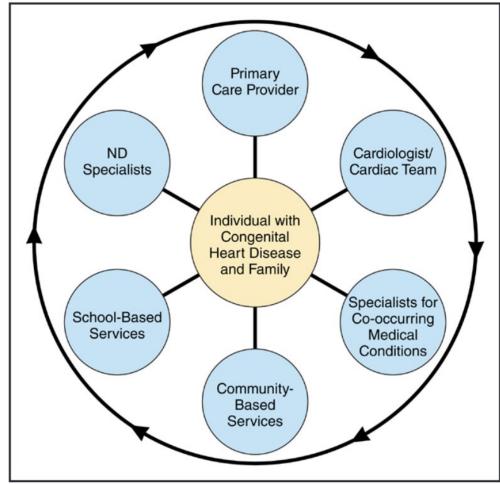
- · Socioeconomic disadvantage
- Significant psychological distress in the parent









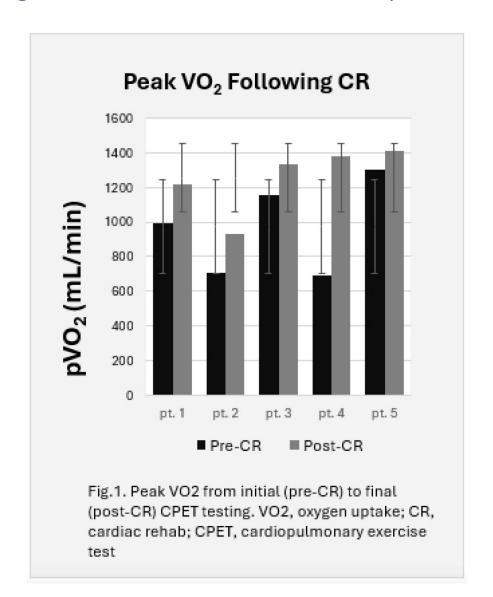


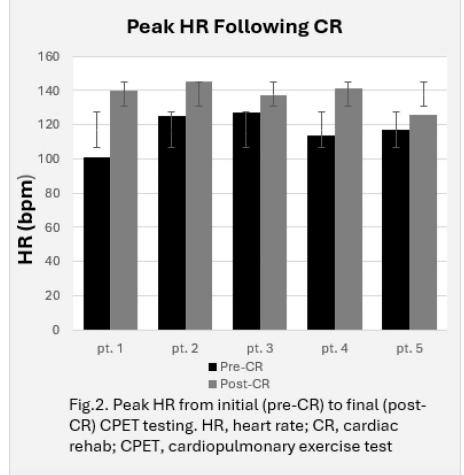




### Rehabilitation and Patient Engagement

Exergames in Cardiac Rehab Improved VO2 in Pediatric Heart Transplant Patients









## Dysautonomia: Diagnosis

- Shift toward phenotype-based subtyping:
  - Postural Orthostatic Tachycardia Syndrome (POTS)
  - Neurocardiogenic syncope
  - Orthostatic hypotension
  - Hyperadrenergic states
- Genetic predisposition: novel variants identified in genes related to autonomic signaling (e.g., NET, SCN9A)
- Autoimmune dysautonomia: new links with post-viral syndromes (e.g., SARS-CoV-2, EBV)





## Dysautonomia: Treatments

- Lifestyle/Behavioral
  - Expanded role of physical therapy: protocols adapted for younger patients
  - Biofeedback and Cognitive Behavioral Therapy for symptom control and coping
  - Dietary modifications: low-FODMAP, increased salt/fluid intake
  - Sleep hygiene and circadian rhythm stabilization

### Medication

- Ivabradine: expanded use in pediatric POTS with fewer side effects
- Low-dose beta blockers and fludrocortisone updates
- New trials: droxidopa and midodrine in pediatric populations
- Investigational agents: Mast Cell Activation Syndrome-targeted therapies, SSRIs for adrenergic surges

### Emerging therapies

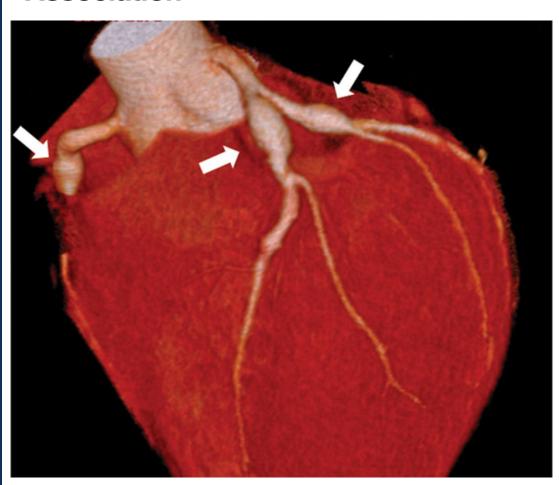
- Early-stage neuromodulation research (e.g., vagal nerve stimulation in teens)
- Interest in immunomodulatory therapy for autoimmune subtypes







## Update on Diagnosis and Management of Kawasaki Disease: A Scientific Statement From the American Heart Association



- Safety and dosing for several anti-inflammatory therapies
- New anticoagulation medication
- Myocardial infarction management,
- Transition of health care
- Future directions in research

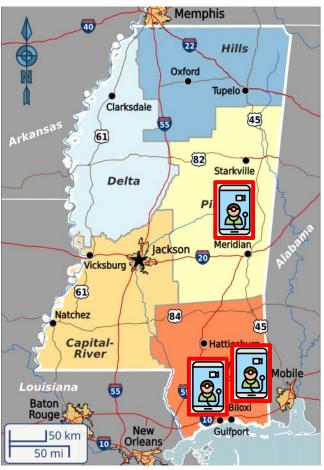




## Telemedicine

- Newborn echocardiography
- Interstage home monitoring
- Intensive care
- Rhythm assessment
- Outpatient followup
- Preventive cardiology



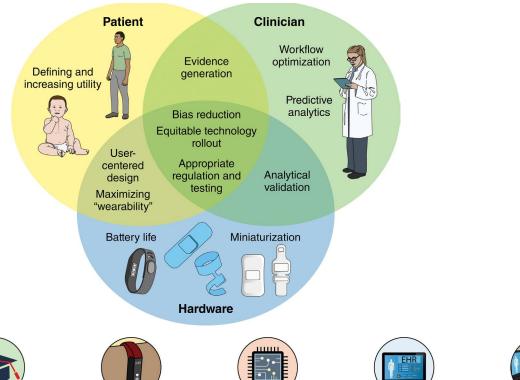


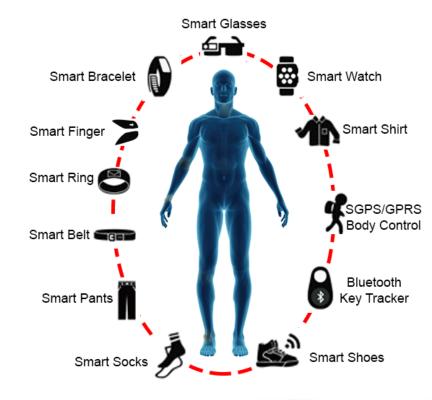


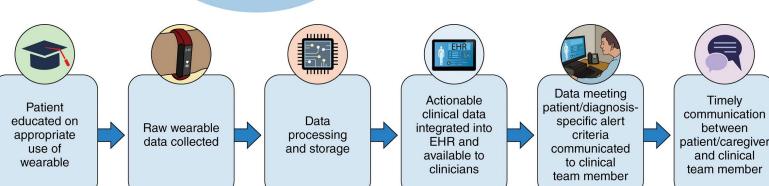


### **AHA SCIENCE ADVISORY**

Advancing Wearable Biosensors for Congenital Heart Disease: Patient and Clinician Perspectives: A Science Advisory From the American Heart Association















### New Orleans heart doctor has a passion for global health, providing resources to Uganda

By MARGARET DELANEY | Staff writer Apr 24, 2025



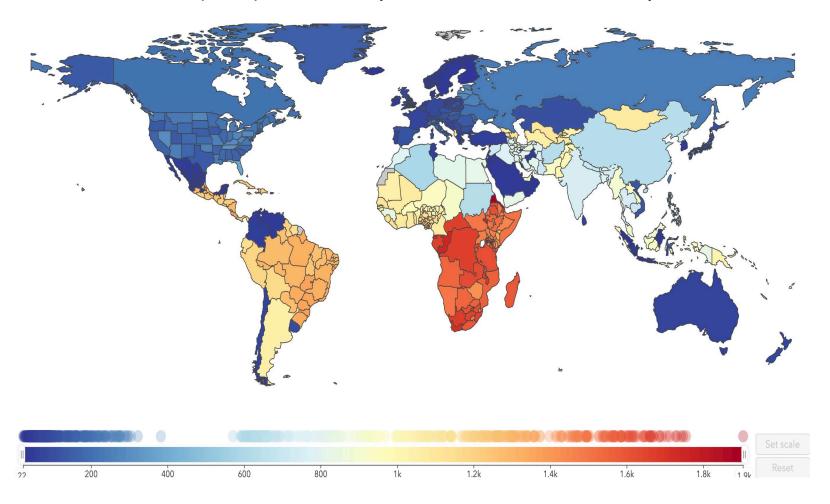






### Rheumatic Heart Disease

More than 50 million people are living with rheumatic heart disease (RHD) with nearly 400,000 fatalities each year







# Rheumatic Fever/Rheumatic Heart Disease Opportunities for Intervention

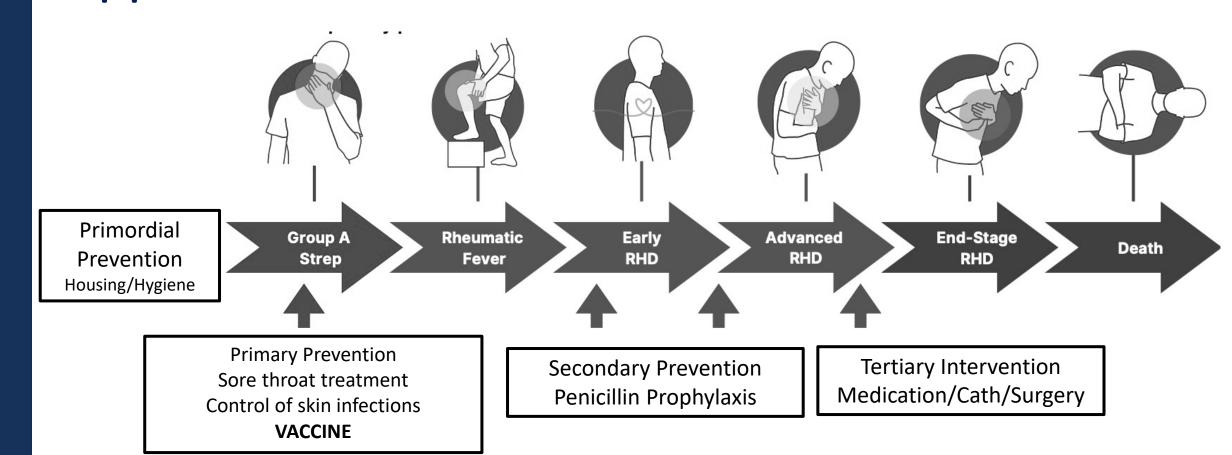
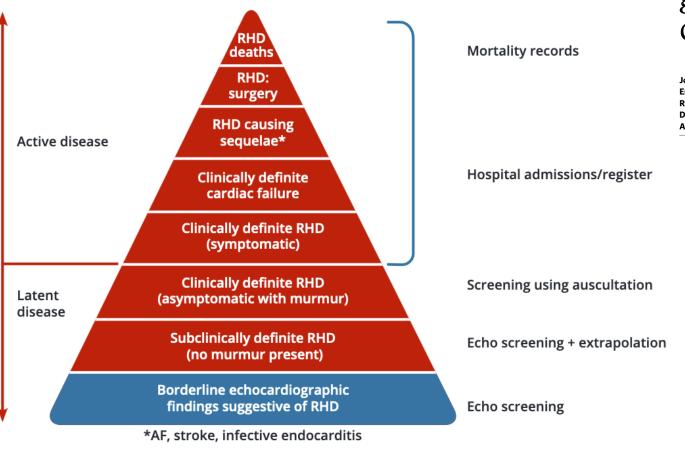




Figure 3.2. Model for assessing the burden of RHD (Adapted from Zühlke and Steer 2013)



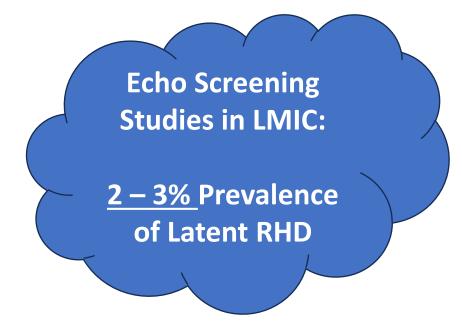
Evidence-based guidelines

nature reviews cardiology

Check for updates

#### 2023 World Heart Federation guidelines for the echocardiographic diagnosis of rheumatic heart disease

Joselyn Rwebembera ® <sup>1,38</sup> □, James Marangou ® <sup>2,34,38</sup>, Julius Chacha Mwita<sup>5</sup>, Ana Olga Mocumbi ® <sup>6</sup>, Cleonice Mota<sup>7,8</sup>, Emmy Okello¹, Bruno Nascimento<sup>9,10</sup>, Lene Thorup¹¹, Andrea Beaton¹²¹, Joseph Kado¹⁴¹⁵, Alexander Kaethner²¹6, Raman Krishna Kumar¹७, John Lawrenson¹<sup>8,19</sup>, Eloi Marijon ® <sup>20</sup>, Mariana Mirabel²¹, Maria Carmo Pereira Nunes<sup>9,10</sup>, Daniel Piñeiro²², Fausto Pinto ® <sup>23</sup>, Kate Ralston²⁴, Craig Sable²⁵, Amy Sanyahumbi²⁶, Anita Saxena²⊓, Karen Sliwa²⁶, Andrew Steer²<sup>9,30,31</sup>, Satupaitea Viali³², Gavin Wheaton³³, Nigel Wilson³⁴, Liesl Zühlke³<sup>5,36</sup> & Bo Reményi ® <sup>2,16,37</sup>



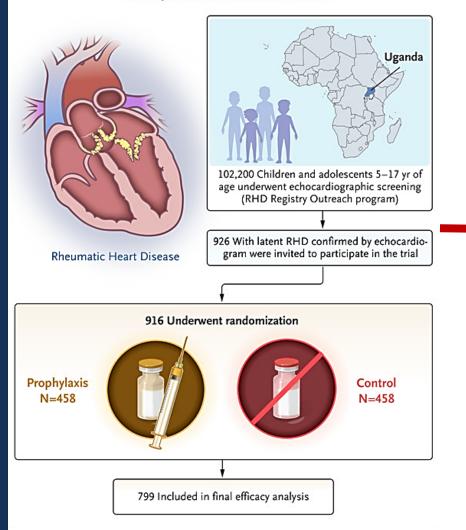




#### **NEW ENGLAND JOURNAL OF MEDICINE 2022**

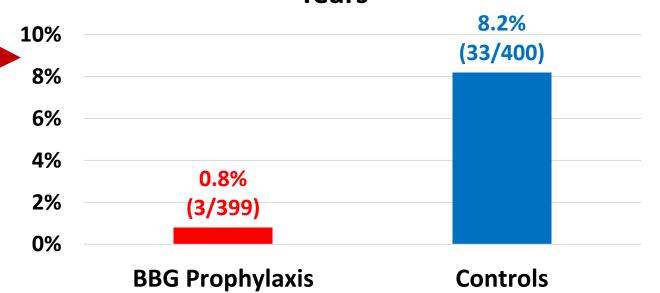


#### Trial Population and Randomization



Preventive antibiotic treatment resulted in reduced risk for children living with asymptomatic rheumatic heart disease

# Echo Progression of Latent RHD at 2 Years



P < 0.0001; NNT 13





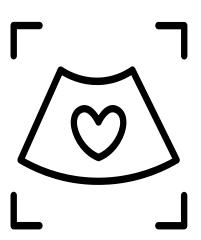
### Technology to Find and Treat RHD





Find more people

who need prophylaxis



Al-empowered echocardiography





Keep more people on prophylaxis





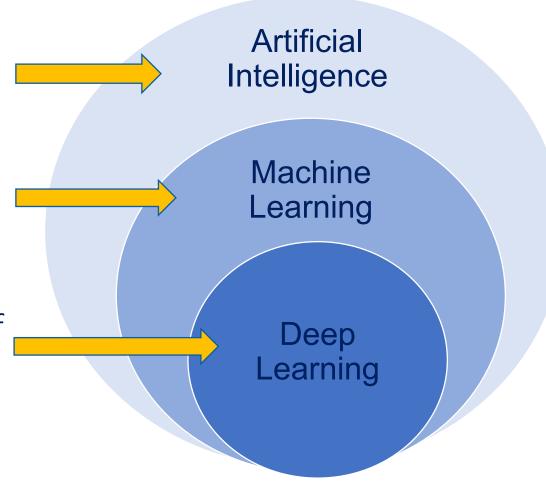


### Artificial Intelligence

Empowers machines to mimic human intelligence

 Uses statistical techniques to enable a machine to learn with experience

 Mimics the complex neural networks of the human brain, allowing the machine to adapt and learn using vast amounts of data

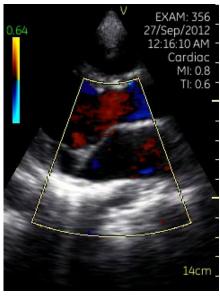




### Al Results for Rheumatic Heart Disease







Validation Datasets	Accuracy	Sensitivity	Specificity
Standard Images	0.92 + 0.27	0.94 + 0.24	0.90 + 0.31
Handheld Images	0.82 + 0.03	0.82 + 0.05	0.82 + 0.04





## Academics Ochsner Children's Hospital





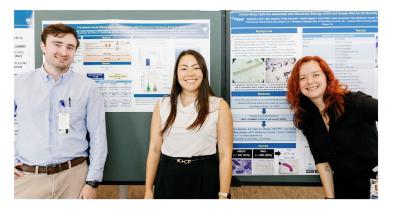
INSTITUTE FOR HEALTH EQUITY AND RESEARCH





#### Highlights from the 2025 Ochsner Research Week

RESEARCH ANNOUNCEMENTS



#### **∀Ochsner** Health

#### **Current Residents - Pediatrics Residency Program**

GRADUATE MEDICAL EDUCATION PROGRAMS PEDIATRICS RESIDENCY PROGRAM



Maria Aman, MBBS



Sara Gross, MD, MPH



Shivam Gulati, MBBS



Khola Khan, MBBS



Elyssa Mejia, MD



Etaluka Mungu, MD



Jagriti Paul, MBBS



Sherif Shoela, MBChB, MHSA



Hala Taha, MBChB



Sneha Tummala, MD





