## CLIPPINGS



Age adjusted N-Terminal-proBNP (NT-proBNP) to predict major adverse cardiovascular events (MACE) in children (J Am Coll Cardiol. 2021;78:1890–1900)

Despite being a valuable prognostic biomarker, NT-proBNP is not established as a prognostic biomarker in pediatric cardiac diseases due to strong age-dependency of its value. In this study, including 910 children with congenital heart disease (CHD), zlog values of NT-proBNP were utilized for age independent evaluation to determine its prognostic power for major adverse cardiovascular events (MACE) (death, resuscitation, mechanical circulatory support, or hospitalization due to cardiac decompensation) in children with CHD. During a median follow up period of 6 months, MACE occurred in 138 children. High zlog NT-proBNP values (>+3.0) were strongly associated with adverse events (adjusted HR 21.1; 95% CI 2.9-154.2, *P*<0.001). A cut off value of +1.96 achieved a negative predictive value of >96%. Hence, zlog NT-proBNP may play an important role in future management of children with heart disease.



2021 PACES Expert Consensus Statement on the indications and management of cardiovascular implantable electronic devices (cieds) in pediatric patients (Cardiol Young. 2021;31:1738–69)

Disease substrates and indications for cardiac implantable devices differ widely among pediatric and adult patients. Therefore, adult guidelines cannot be extended to pediatric population. In 2021, Pediatric and congenital electrophysiology society has released expert consensus statement on the indications and management of cardiovascular implantable electronic devices for appropriate use in pediatric patients. These include indications and management of permanent pacemaker in congenital and acquired heart block; implantable cardioverter defibrillators and insertable cardiac monitors for patients <=21 yr age.



Unification of clinical and administrative nomenclature for pediatric and congenital cardiac care– International Pediatric and Congenital Cardiac Code (IPCCC)-2021 and ICD-11 (Cardiol Young. 2021;31:1057-1188)

Development of classification schemes specific for congenitally malformed hearts began with Dr Abott's atlas in 1936. Over the years various attempts have been made to classify the congenital heart diseases and currently International Pediatric and Congenital Cardiac Code (IPCCC) has been incorporated as such in the eleventh revision of International Classification of Diseases

(ICD-11). The total number of pediatric and congenital cardiac terms in ICD-11 is 367. This global system of nomenclature for pediatric and congenital cardiac care unifies clinical and administrative nomenclature.



Outcome of COVID-19-positive children with heart disease: A Multi-centric Study from India (Ann Pediatr Card. 2021;14:269-77)

From pediatric cardiac centers across India, authors retrospectively studied 94 children and grown-ups with congenital heart disease. One third of patients were symptomatic for COVID-19 and the remaining were incidentally detected positive on screening. Overall mortality in the cohort was 13%. Among the patients who required admission mortality rate was 28%. The risk factors for mortality were disease severity at admission and low socio-economic status.



AHA scientific statement for treatment of myocarditis in children (Circulation. 2021;144:e123-135)

Myocarditis in children is a challenging disease and its diagnostic workup, management and follow up are complex with not much evidence. In this scientific statement, authors have defined myocarditis into four strata as biopsy proven, cardiac magnetic resonance (CMR)-confirmed clinically suspected, clinically suspected, and possible myocarditis. The writing group has comprehensively mentioned the current evidence for the role of various investigations and management including medical stabilization and interventions like ECMO, ventricular assist devices and cardiac transplant.



Efficacy and safety of propranolol in infants with heart failure due to moderate-to-large VSD (Ann Pediatr Card 2021;14:331-40)

This randomized controlled trial aimed to assess the efficacy and safety of propranolol in 80 infants with heart failure due to moderate to large ventricular septal defect. The primary endpoint was the composite all-cause mortality, hospitalization for heart failure, and/or chest infection and referral for surgery. Propranolol in addition to conventional therapy significantly decreased the risk of hospitalization and worsening of Ross heart failure class. There was a trend towards improvement in the primary composite end-point. Therapy was tolerated well without any significant side effects.

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