



Boston Children's Hospital

Where the world comes for answers

Department of Cardiovascular Surgery
The Benderson Family Heart Center at Boston Children's Hospital
300 Longwood Avenue, Mailstop: BCH 3084
Boston, Massachusetts 02115
Office: 617-355-8290 | Facsimile: 617-730-0214
Email: pedro.delnido@cardio.chboston.org



HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Pedro J. del Nido, MD
Chairman and Cardiovascular Surgeon-in-Chief
William E. Ladd Professor of Child Surgery

March 27, 2023

Arina Zhelnova
Ulitsa Bratyev Sizykp Street 7,9
Novukuznetsk
Kemerovo Region
RUSSIA

RE: 2nd Opinion: Egor Zhelnov - DOB: 12/14/2020

Dear: Mrs. Zhelnova,

We received the most recent clinical note from Dr. Kalinicheva in Kazan Children's Medical Center as well as a copy of the echocardiogram study done during the visit on Egor who is now two years and four months of age and was born with complex heterotaxy, asplenia, common left ventricle, and double outlet right ventricle. From the clinical history he underwent a hybrid palliation as an infant and then in June of 2021 we performed the comprehensive stage two procedure with repair of his total anomalous pulmonary venous connection. He did require reoperation in November of 2021 for pulmonary vein obstruction. From the clinical notes it appears that overall Egor has been doing well and gaining weight and oxygen saturations stabilizing in the 80s.

With Dr. Schidlow we have reviewed the most recent echocardiogram study that was done in February of 2023 and confirmed that the pulmonary venous connection appears to be unobstructed with no evidence of stenosis. There is trivial regurgitation from the inlet valve and there is a mild neo-aortic regurgitation with no significant native aortic regurgitation. There's trivial aortic arch obstruction and ventricular function appears to be well preserved. The Glenn connection could not be well seen but did not appear to have any significant obstructions.

Based on these findings our assessment is that Egor continues to do well after his comprehensive stage two. We do believe that he would potentially be a good candidate for a Fontan type of total caval pulmonary connection in the future. Ideally we prefer to do these procedures when they're closer to three years of age and prior to such a procedure he would need an MRI study as well as repeat cardiac catheterization to ensure that he is a candidate for a Fontan operation.

I hope this information is helpful and if you have any further questions please don't hesitate to contact us.

Sincerely,

Pedro J. del Nido, MD

cc: David Schidlow, MD
Department of Cardiology
Boston Children's Hospital
Bader 2

Julia Kalinicheva, MD
Kazan Children's Medical Centre
140 Orenburgskiy Tract
Kazan, Russia

PDN: wl