Bol Med Hosp Infant Mex. 2014;71(1):51-60

CLINICOPATHOLOGICAL CASE

# Postoperative cytomegalovirus necrotizing pneumonia in a preschooler with tetralogy of Fallot

# Neumonía necrosante por citomegalovirus en postoperatorio de cirugía cardiaca en preescolar con tetralogía de Fallot

Maribelle Hernández Hernández,[a,*] Gustavo Teyssier Morales,[b] Mariana Sánchez Curiel,[c] Martha Josefina Avilés Robles,[d] Mario Perezpeña Diazconti[e]

[a] *Departamento de Terapia Intensiva, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*
[b] *Departamento de Cirugía de Tórax y Endoscopia, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*
[c] *Departamento de Radiología e Imagen, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*
[d] *Departamento de Infectología, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*
[e] *Departamento de Patología, Hospital Infantil de México Federico Gómez, Mexico City, Mexico*

Received 4 December 2013; accepted 12 December 2013

## Summary of the clinical history (A-11-35)

We present the case of a female patient 4 years and 4 months of age referred from a second -level hospital due to complex heart disease and esophageal atresia.

## Perinatal and pathological history

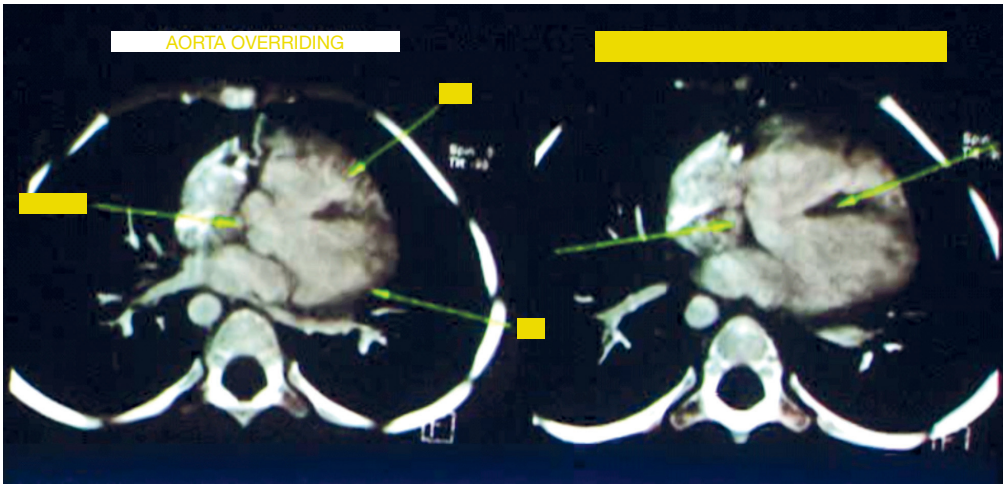
The patient was a product of G1 with regular prenatal care. She was born by cesarean section due to oligohydramnios with a birth weight 2400 g, length 48 cm, and Apgar 8/9. Esophageal atresia and cyanosis were noted at birth and she was transferred to a pediatric hospital where a gastrostomy and left cervical esophageal fistula were performed. Extreme tetralogy of Fallot was detected and a Blalock-Taussig fistula was created.

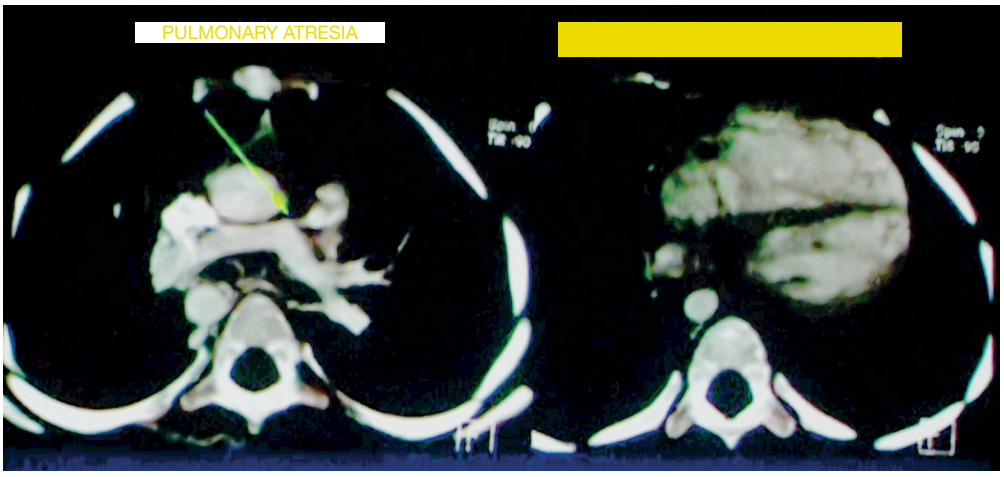
## Current illness

*March 4, 2009 (Admission).* At 1 year and 11 months she was referred to the Hospital Infantil de Mexico Federico Gomez (HIMFG). Outpatient cardiology visit initiated approach with EKG, echocardiogram, chest computed tomography and cardiac catheterization. The case was presented in a medical-surgical meeting to decide if the patient was a candidate for total correction with placement of a valved tube.

*August 9, 2010.* The patient was electively admitted for the surgical procedure during which a 12-mm right ventricular Hancock tube to right pulmonary confluence was placed, 10 mm ventriculotomy, 7 mm interatrial communication, 2 mm patent ductus arteriosus and ligation. Extracorporeal circulation time was 2 h and 15 min. Clamp time was 1 h and

*Corresponding author.
*E-mail:* maribellehdez@yahoo.com.mx (M. Hernández Hernández).


AORTA OVERRIDING



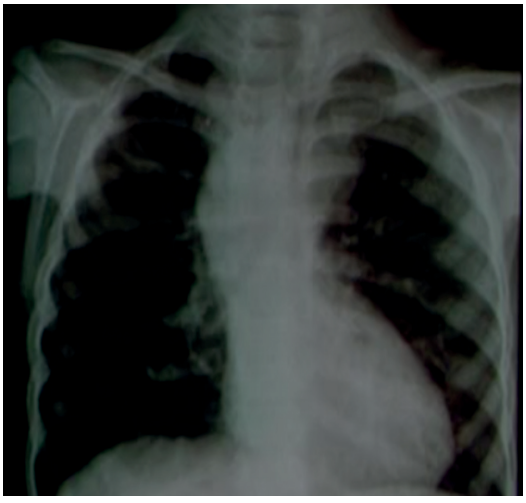



**Figure 3** Right aortic arch.

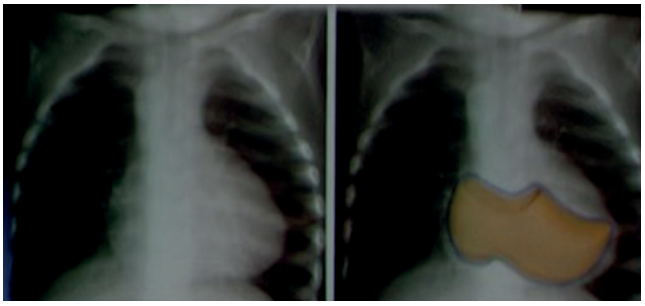
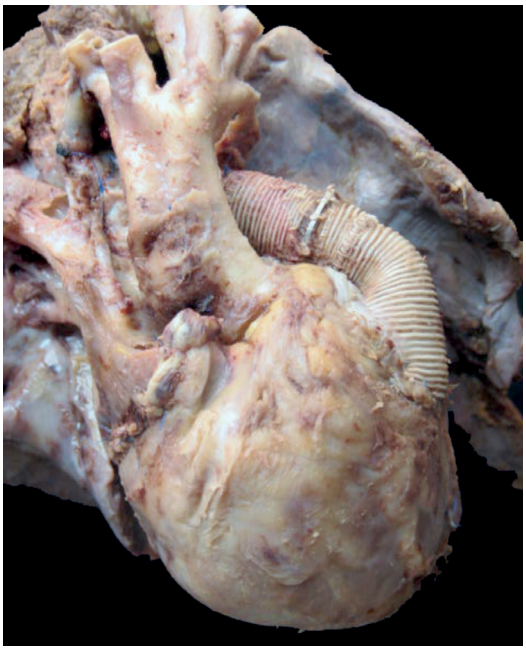


**Figure 4** "Swedish boot" image characteristic of tetralogy of Fallot in the AP chest film.



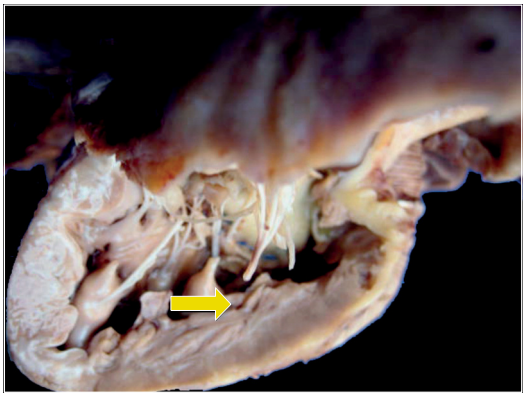


**Figure 9** Repair of the 7-mm interventricular communication with a patch of pericardium (arrow).

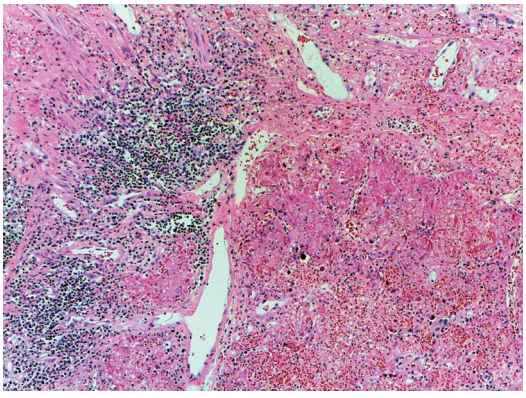


**Figure 10** Necrotizing pneumonia. It was not possible to identify the pulmonary morphology due to extensive necrosis caused by the etiologic agent. In addition, areas of recent hemorrhage and inflammatory cell clusters were present.