

## Diagnosis

## **Chest X-ray shows Increased Pulmonary Vascular Markings**

### [Chest X-ray with Up-arrow Vascular Marks on Lungs](#)

Chest radiograph findings include cardiac enlargement secondary to dilation of the right atrium and right ventricle along with increased pulmonary vascular markings.

## **Echocardiogram**

### [Echoing Cardiogram](#)

Using an ultrasound, sound waves are used to visualize the structures of the heart. The transthoracic approach usually confirms the diagnosis of ASD, but the transesophageal approach is often necessary for more precise measurements. The electrocardiogram (ECG) often shows normal sinus rhythm, a right axis deviation and incomplete right bundle branch block.

## **Treatment**

### **Surgery if CHF as Child**

#### [Surgeon with a Child holding a CHF Heart-balloon](#)

Surgery or percutaneous transcatheter approach are used in closure of an ASD in patients with symptoms or CHF.

### **Antibiotic Prophylaxis**

#### [ABX-guy with Purple-axes](#)

Patients with a repaired ASD requiring prosthetic material or device and patients with repaired ASD with a residual defect must receive prophylactic antibiotics for dental procedures or surgery.

### **Most Close Spontaneously**

#### [Closing spontaneously with Spartan](#)

Spontaneous closure is most common in young patients who have small defects. There is no surgery indicated in asymptomatic children without significant left to right shunting.