13-15 November 2024 | Online

# Haematological profile of congenital heart disease patients undergoing surgical correction: A case-control observation study from North India

Shadab Ahamad¹⊠, Prachi Kukshal¹, Ajay Kumar¹, Anagha Tulsi², Amita Sharma², Paramvir Singh²

<sup>1</sup>Sri Sathya Sai Sanjeevani Research Foundation, Palwal, Haryana, India-121102

<sup>2</sup>Sri Sathya Sai Sanjeevani International Centre for Child Heart Care & Research, Palwal, Haryana, India-121102

Email: shadab1997ansari@gmail.com

#### INTRODUCTION

7.9 million children are born with birth defects worldwide annually, among them ~ 28 % are only congenital heart diseases (CHDs)[1]

**Need-Supply Gap in Pediatric Cardiac Care** High Lack of Lack of Un-Un-In-Late **Mal-nutrition Patient** affordability **Diagnosis** availability accessibility Research **Awareness** Volume

**Detection** 

diagnosed by fetal sonography.<sup>[2]</sup>

~ 90 % patients don't have adequate access to essential diagnostics while ~ 40 % CHDs can be

Intervention

✓0.5 per million people get intervention, resulting ~ 40 % deaths & 4<sup>th</sup> contributor to Global Infant Mortality in low-med. income countries (LMICs).<sup>[2]</sup> ✓Average cost of Cardiac Intervention: INR 2–5 Lakhs (USD 2400-6000)

Prevention

✓~ 30-40 % causal factors are either genetic or epigenetic, rest ~ 60 % is unknown. [3]
✓~ 74 % of Indians couldn't afford a healthy diet.

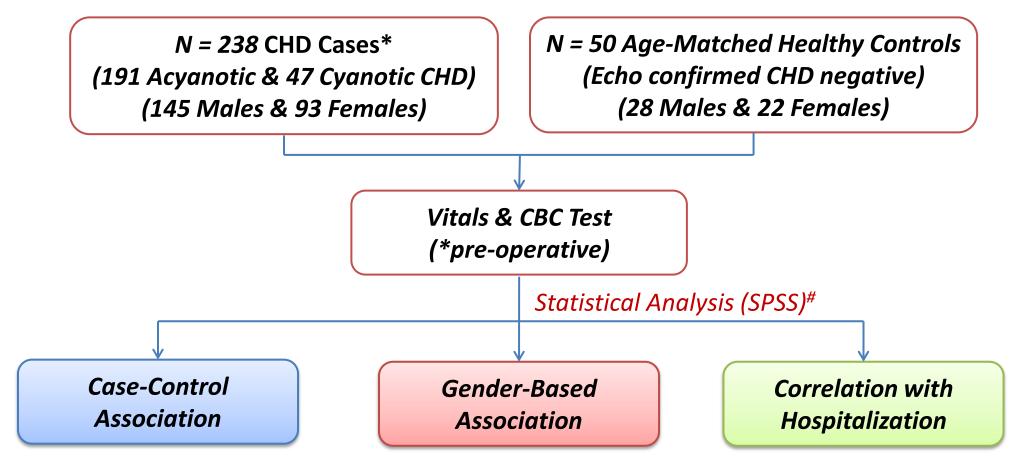
Complete blood count (CBC) is a routine diagnostic test in clinical settings & has been suggested to be predictive of cardiovascular diseases.[4]

## **OBJECTIVE**

To find correlation of CBC indices with CHD and hospital status of patients

## **METHODOLOGY**

- ✓ Study Design: Case-control retrospective observational study
- ✓ IEC Approved with Written Informed Consent
- ✓ Exclusion: Patients who had recent blood/platelet transfusion, iron supplementation, syndromic features, or any chronic disorders



<sup>#</sup>Statistical Tests: Student t-test,  $\chi 2$  test and Multivariate logistic regression

# CONCLUSION

- ✓~ 20 % CHD patients require treatment within 1<sup>st</sup> year of life, hence early diagnosis play a vital role in the overall survival rate.
- ✓The simplicity, reproducibility, wide availability and cheaper cost of the CBC test shows its advantage for disease diagnosis in LMICs.
- ✓ Replication in a larger cohort can give a more validated conclusion & give an insight into blood biomarkers for prognostic evaluation of the disease.

## **ACKNOWLEDGEMENT**

The authors thank the patients who underwent cardiac treatment at **Sri Sathya Sai Sanjeevani International Hospitals-** *a Totally free of cost tertiary care centre*, for their participation.

## REFERENCES

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## **RESULTS & DISCUSSION**

Case-control and gender based association of CBC indices with CHD

Variables	Trend (P value w.r.t. controls)			P value within cases	
	All CHD Cases	Acyanotic CHD	Cyanotic CHD	Acyanotic Vs Cyanotic CHD	Males Vs Females
BMI	<b>\(\bigvert\)</b> (0.000)	<b>(0.000)</b>	<b>4</b> ( <b>0.000</b> )	0.340	0.310
Pulse	<b>^</b> (0.000)	<b>(0.000)</b>	<b>(0.000)</b>	0.520	0.620
$\mathrm{SpO}_2$	<b>\(\bigvert\)</b> (0.000)	<b>(0.001)</b>	<b>4</b> ( <b>0.000</b> )	0.000	0.008
RBC	<b>↓</b> (0.920)	<b>(0.000)</b>	<b>(0.000)</b>	0.000	0.003
MCV	<b>\(\bigvert\)</b> (0.000)	<b>(0.000)</b>	<b>\(\bigsigma\)</b> (0.004)	0.010	0.120
RDW	<b>↑</b> (0.420)	<b>^</b> (0.740)	<b>1</b> (0.040)	0.045	0.310
Hematocrit	<b>\(\bigsigm\)</b> (0.001)	<b>(0.000)</b>	<b>1</b> (0.000)	0.000	0.040
Platelets	<b>^</b> (0.100)	<b>(0.030)</b>	<b>↓</b> (0.470)	0.002	0.910
Hemoglobin	<b>\(\bigsig\)</b> (0.004)	<b>(0.000)</b>	<b>(0.000)</b>	0.000	0.020
MCH	<b>\(\psi\)</b> (0.005)	<b>U</b> (0.002)	<b>↓</b> (0.350)	0.550	0.090
MCHC	<b>^</b> (0.010)	<b>(0.001)</b>	<b>↓</b> (0.480)	0.001	0.510
Lymphocytes	<b>^</b> (0.000)	<b>(0.000)</b>	<b>1</b> (0.000)	0.860	0.180
PLR	<b>\(\psi\)</b> (0.000)	<b>(0.000)</b>	<b>4</b> ( <b>0.000</b> )	0.002	0.290

BMI: body mass index;  $SpO_2$ : oxygen saturation; RBC: red blood cell; MCV: mean corpuscular volume; RDW: red cell distribution width; MCH: mean corpuscular hemoglobin; MCHC: mean corpuscular hemoglobin conc.; PLR: platelet-to-lymphocyte ratio;  $\uparrow$ : increased;  $\checkmark$ : decreased. Significant P values are in **bold** font.

Correlation of CBC indices with diagnosis & hospitalization of patients

