

**Abstract Form**

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<b>Project Title:</b>	Late Onset Heart Failure in a Male with Congenitally Corrected Transposition of the Great Arteries

**Research Category (please check one):**

<input type="checkbox"/>	<b>Original Research</b>	<input checked="" type="checkbox"/>	<b>Clinical Vignette</b>	<input type="checkbox"/>	<b>Quality Improvement</b>	<input type="checkbox"/>	<b>Medical Education Innovation</b>
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**Abstract**

Introduction: Congenitally corrected transposition of the great arteries (CCTGA) is a rare congenital heart defect that occurs when the positions of the pulmonary artery and the aorta are switched, but the ventricles are in their normal positions. The right ventricle pumps blood to the body, while the left ventricle pumps blood to the lungs. The life expectancy of patients with CCTGA can vary depending on several factors, such as the degree of associated heart defects, the presence of heart rhythm abnormalities, and the development of heart failure. Here we describe a case of a patient in her late 60s who presented with late onset- heart failure found to have CCTGA.

Methods: Single patient chart review was conducted.

Case Report: A male patient in his middle-60’s presented to the hospital with shortness of breath, orthopnea, and lower extremity edema, worsened over one month. Patient only medical history was notable for hypertension and reported adherence to medication and consistent outpatient follow up. Prior to presentation, patient had been in normal state of health and able to walk over 2- miles a day. He was admitted to the hospital and underwent echocardiogram which demonstrated evidence of congenitally corrected transposition of great arteries. He was found to severely dilated left ventricle with estimate ejection fraction of 20% and severe mitral and tricuspid regurgitation. He reported no prior history of heart failure prior to presentation. He was started on medical therapy with diuretics, afterload reduction, and beta blockers. During hospital stay and she continued to improve and was discharged with outpatient follow up.

Conclusion: Patients with congenitally corrected transposition of the great arteries (CCTGA) are at increased risk of developing complicating factors, such as associated heart defects, heart rhythm abnormalities, heart failure, aortic regurgitation, and surgical complications. To manage CCTGA and minimize the risk of complications, regular medical care and close follow-up with healthcare providers are essential. Effective management of these complicating factors can improve patients' quality of life and potentially increase their life expectancy. It's important to note that the estimated survival rate for patients with CCTGA is lower than the expected survival rates for the general population, with approximately 80% survival rate at age 40 and approximately 60% at age 60. However, life expectancy can vary significantly depending on individual factors and medical management. Therefore, patients with CCTGA should receive regular medical care and follow their healthcare provider's recommendations to manage their condition and improve their quality of life.