



12. PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA IN CHILDREN

Author: Haled Garah

Scientific advisor: Romanciuc Lilia, PhD, Associate Professor, Department of Pediatrics, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Supraventricular tachycardia is an abnormally rapid heartbeat. SVT is the most prevalent rhythm irregularity. According to estimates, it can happen to up to 1 in 250 otherwise healthy kids. Episodes are generally recurrent and have the capacity to damage one's life, but seldom being fatal. SVT affects 50% of children within the first 12 months, with highest incidence in neonates and adolescents. Over 90% of newborns spontaneously resolve by one year, with 15% of patients recovering spontaneously after one year.

Aim of study. The study evaluates the prevalence and rate of paroxysmal supraventricular tachycardia in children, identifies clinical and paraclinical features, and evaluates pharmacological and non-pharmacological treatment and diagnosis.

Methods and materials. This research has gained information from researches, books, and published scientific articles, such as the PubMed, UpToDate, WHO Guidelines and Medscape websites the last 10 years connected to supraventricular tachycardia in children.

Results. The results of the study according to bibliography reveals that most SVTs in children are reentrant rhythms. This includes atrioventricular reentrant tachycardia (AVRT, including Wolff-Parkinson-White [WPW] syndrome) and atrioventricular nodal reentrant tachycardia (AVNRT). A reentrant beat involves two independent channels for conduction with a unidirectional block in one of the two routes. signs of SVT may include pallor, fussiness, irritability, poor feeding, and/or cyanosis. Tachycardia symptoms may be slight, and can take months to manifest itself. Because of this, newborns often appear with symptoms of heart failure (e.g., tachypnea, tiredness with feeding, poor weight gain. The best method of diagnosis in SVT is the Holter monitoring, which provides a specific result.

Conclusion. Supraventricular tachycardia in children requires a long time to treat and can cause severe disorders.