

Case Report

A Rare case of LA Membrane

Chokkalingam M*, Aravind Yuvaraj**, Pradeep G Nayar***

*Consultant & Interventional Cardiologist, **Post Graduate Resident, ***Chief Interventional Cardiologist, Dept. of ICVD, Chettinad Super Speciality Hospital, Chennai, India.



Dr. M. Chokkalingam did his graduation in MBBS and postgraduation in Internal Medicine from Madurai Medical College. Further he did his DNB course from the renowned Dr. KM Cherian's Heart Foundation. Currently he is working as Consultant and Interventional Cardiologist at Chettinad Super Speciality Hospital. His areas of interest include preventive Cardiology and Interventional Cardiology.

Corresponding author - Dr. M. Chokkalingam (mchokkalingam2006@gmail.com)

Abstract

Cor triatriatum sinister is a very rare congenital heart disease, characterized by a division of left atrium into two chambers by a fibromuscular membrane. Usually it presents in early childhood. They may present with features of mitral stenosis or remain asymptomatic until adulthood.

Key Words: Cor Triatriatum, LA membrane, LV inflow obstruction

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Introduction

Cor triatriatum sinister is a very rare congenital heart disease, characterized by a division of left atrium into two chambers.

Case report

Mrs. R 50 years old post menopausal woman is a known case of Systemic Hypertension (recently diagnosed) on regular medication. Patient had complaints of dyspnea on Exertion Class II. There were few episodes of PND. No H/O Orthopnea. She was evaluated. Her chest X-ray showed features of grade II pulmonary venous hypertension. Transthoracic Echo showed a membrane seen in LA, dividing it into proximal and distal chamber (Medial side the attachment is distal to the site of Fossa Ovalis), normal LV function, no RWMA (fig 1). Subsequently She underwent TEE which revealed thick membrane seen extending from the region of fossa ovalis to the atrial wall dividing LA into two chambers. There is a small defect in the membrane through which both the chambers are communicating (fig 2 & 3). She underwent coronary angiogram which did not show significant stenosis. Subsequently she underwent surgical resection of LA membrane.

Discussion

Cor triatriatum accounts for 0.1-0.4% of congenital heart defects^{1,2}. It is characterized by presence of an abnormal membrane dividing the left atrium into a superior and inferior chamber. The superior chamber receives pulmonary veins and inferior chamber contains the mitral valve³. The two chambers communicate through a small opening in the membrane^{1,2}. Symptoms usually occur in childhood, predominantly leads to left heart obstruction or arrhythmia.

The classification proposed by Loeffler is based on the number and size of opening in the membrane⁴. Group 1 has no opening, Group 2 has one or more opening and Group 3 has one large opening.

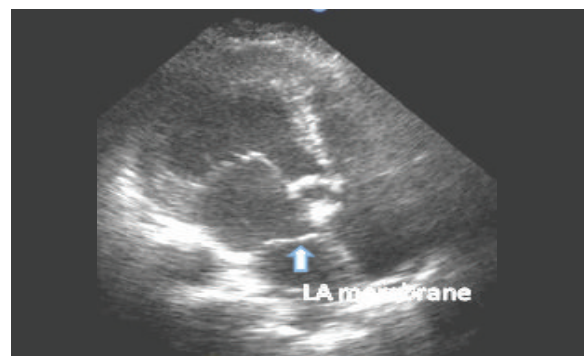


Fig 1 - Trans Thoracic Echo- Modified long axis view

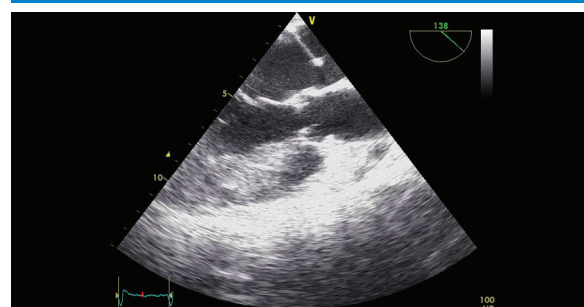


Fig 2 - Trans Thoracic Echo- Modified long axis view



Fig 3 - Trans Thoracic Echo- Modified long axis view

The embryologic origin of this defect is unclear and may be due to defective incorporation of common pulmonary vein to left atrium^{1,5} or an abnormal septum primum 1 or a persistent left superior vena cava.

Surgery is indicated if the patient is symptomatic^{1,5}. Percutaneous balloon dilation has been done successfully in few centres¹.

References

- 1) Malik A, Fram D, Mohani A, Fischerkeller M, Yekta A, Mohyuddin Y. Taub Cor triatriatum: a multimodality imaging approach. C Can J Cardiol 2008; 24(3):e19-20.
- 2) Bassareo PP, Tumbarello R, Mercurio G. Cor triatriatum and lipomatous hypertrophy of the interatrial septum in the elderly: a case report. Cardiovasc Ultrasound 2010; 9:8-4.
- 3) Garcia JM, Tandon R, Lucas RV, Edwards JE. Cor triatriatum: study of 20 cases. Am J Cardiol 1975; 35(1) : 59 - 66
- 4) Nabais S, Salomé N, Brandão A, Simões A, Marques J, Costa J, Basto L, Costeira A, Correia A. Coexistence of coronary cameral fistulae and cor triatriatum sinister in an elderly patient. Eur J Echocardiogr 2008; 9(5):712
- 5) Goyal SK, Punnam SR, Verma G, Ruberg FL. Persistent left superior vena cava: a case report and review of literature. Cardiovasc Ultrasound 2008; 10:6-50.

திருக்குறள் 942

மருந்தென வேண்டாவாம் யாக்கைக் கருந்திய
தற்றது போற்றி உணின்

மு.வ. உரை:

உண்ட உணவு செரிப்பதற்கான கால இடைவெளி தந்து உணவு அருந்துகிறவர்களின்
உடலுக்கு வேறு மருந்தே தேவையில்லை

Couplet 942

No need of medicine to heal your body's pain, if, what you ate before digested well, you eat again.

Explanation

No medicine is necessary for him who eats after assuring (himself) that what he has (already) eaten has been digested