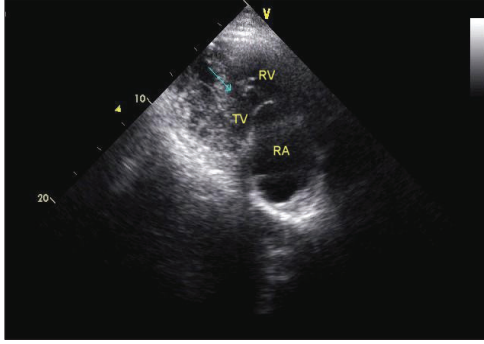
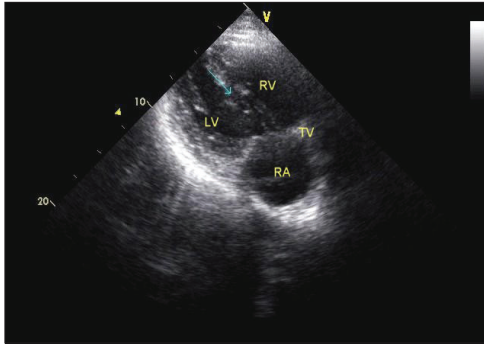


Kordalar normalden kısa ve triküspid kapak açılımı hafif kısıtlıydı. Sürekli akım Doppler ile triküspid kapakta, en yüksek ve ortalama diyastolik gradiyentler sırasıyla 8 mmHg ve 4 mmHg olarak ölçüldü. Renkli Doppler ile 1-2. derece triküspid yetersizlik saptandı. "Paraşüt triküspid kapak" ön tanısı ile kapak altı yapıların daha ayrıntılı değerlendirilmesi



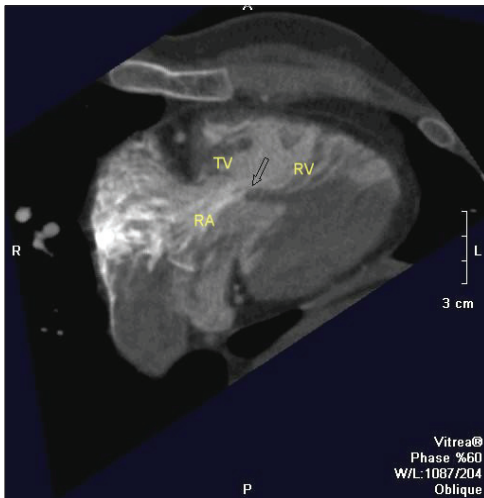
Resim 1. Transtorasik ekokardiyografide triküspid kapakta diyastolik kubbeleşme

RA - sağ atriyum, RV- sağ ventrikül, TV - triküspid kapak, ok triküspid kapağa ait tek papiller kası işaret ediyor



Resim 2. Transtorasik ekokardiyografide triküspid kapağa ait tek papiller kas (okla gösterilen) ve sistolde septal ve anterior kapakçıklarda prolapsus

LV - sol ventrikül, RA - sağ atriyum, RV - sağ ventrikül, TV - triküspid kapak, ok triküspid kapağa ait tek papiller kası işaret ediyor



Resim 3. Çok kesitli bilgisayarlı tomografide, triküspid kapakta diyastolik kubbeleşme ve kapağa ait tek papiller kas (ok) görülmektedir

RA - sağ atriyum, RV - sağ ventrikül, TV - triküspid kapak

amacıyla çok kesitli kardiyak bilgisayarlı tomografi (ÇKBT) uygulandı. ÇKBT’de triküspid kapağa ait tek papiller kas olduğu net olarak görüldü ve tanı doğrulandı (Resim 3). Triküspid kapağın tek bir papiller kas grubundan korda alması ‘paraşüt triküspid kapak’ olarak adlandırılır ve oldukça nadirdir. Paraşüt deformitesi triküspid kapakta değişen oranlarda darlık ve/veya yetersizliğe neden olur. Hastalar ciddi triküspid darlık semptomları ve konjestif kalp yetersizliği ile başvurabilirler. Olgumuz gibi kapak etkilenimi hafifse, asemptomatik de olabilirler. Paraşüt triküspid kapak olgularında tedavi şekline hastanın semptomları ve eşlik eden ilave anomalilere göre karar verilir. Hastamız asemptomatik olduğu için triküspid kapağa yönelik herhangi bir girişim düşünmedik; ancak ciddi sağ kalp yetersizliği semptom ve bulguları mevcut olsaydı, kararımız cerrahi olacaktı.

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doi:10.5152/akd.2010.053

Right atrial hemangioendothelioma: a three-dimensional echocardiographic evaluation



Sağ atriyal hemanjiyoendoteliyoma: Üç-boyutlu ekokardiyografik değerlendirme

A 25-year-old man was referred to our center for further evaluation of mediastinal mass first detected at chest radiography. Before referral, a thorax computed tomography had been performed and a 4x14 cm heterogeneous mass located at anterior mediastinum had been revealed. He had also undergone a thoracotomy to obtain biopsy, revealing hemangioendothelioma at histopathological examination. On physical examination, right heart failure signs were present. A two-dimensional transthoracic echocardiography (2D echo) was performed, demonstrating a mass located in right atrium extending to right ventricle. At subcostal window, inferior vena cava was dilated with no respiratory change and mass was also found to be extending to superior vena cava (Fig. 1). However, on 2D echo examination, it was not completely determined whether mass was located in the right atrium or its image was superimposed on the right atrium. Due to its superior resolution, a three-dimensional echocardiogram (3D echo) was obtained. Mass was found to be located in right atrium and invaded right ventricle wall, extending to superior vena cava on 3D echo examination (Video 1. See corresponding video/movie images at www.anakarder.com).

Also, multiple echolucent areas with sparse solid tissue were visualized within the mass (Fig. 2, Video 2. See corresponding video/movie images at www.anakarder.com). Palliative therapy was planned due to bone metastasis, diffuse local invasion of other mediastinal and vascular structures.

Cardiac hemangioendothelioma is an extremely rare cardiac tumor with high vascularity and sparse solid tissue at histopathological examination. Although 2D echo provides considerable anatomic data regarding intracardiac masses, complex spatial location and extension of these masses may be better defined by 3D echo. It may also give information about mass structure, such as multiple echolucent areas compatible with high level of vascularity within tumor mass. Therefore, 3D-echo may provide better information before planning surgery of intracardiac masses.

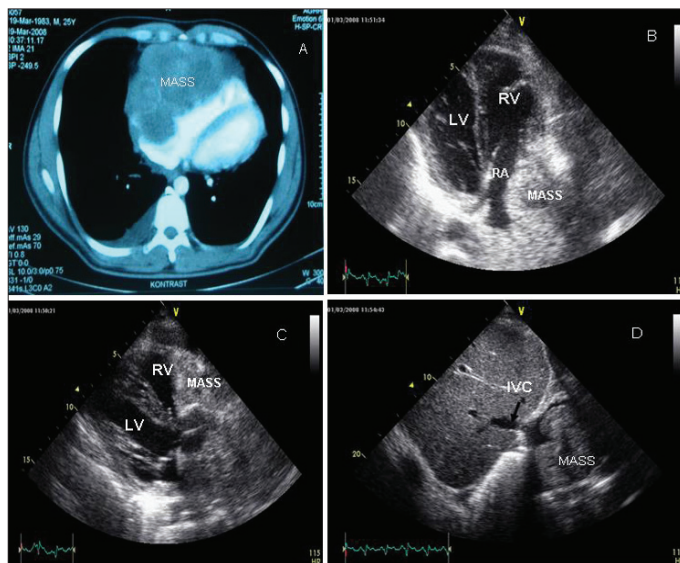


Figure 1. A) Thorax computed tomography view of a lobulated mass located at anterior mediastinum. B) A two-dimensional echocardiographic apical four-chamber window view of a mass. C) The view of the same mass from parasternal long-axis and subcostal (D) views
IVC- inferior vena cava, LA- left atrium, RA- right atrium, RV- right ventricle

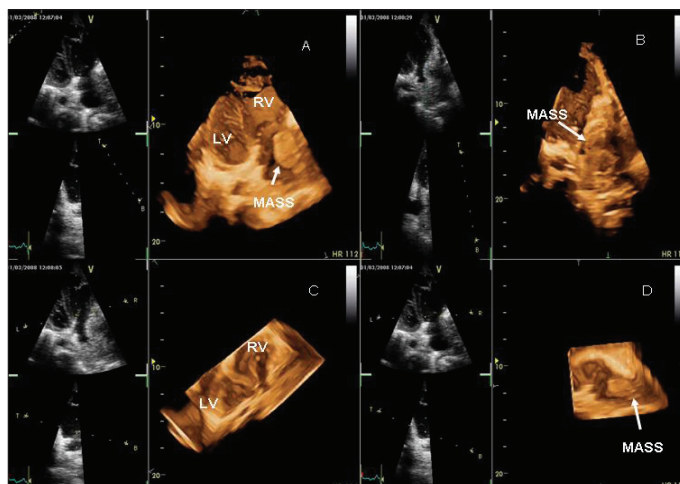


Figure 2. A-D) A three-dimensional echocardiogram showing mass in the right atrial cavity B) Frontal plane sections of the mass viewed en face, also demonstrating multiple echolucent areas C) Transverse plane section of the mass

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doi:10.5152/akd.2010.054

Coronary artery bypass in a patient with Swyer-James syndrome due to pulmonary tuberculosis

Pulmoner tüberküloza bağlı Swyer-James sendromlu bir hastada koroner arter baypas olgusu

Swyer-James syndrome (SJS) is a result of post infectious obliterative bronchiolitis. In SJS, the involved lung or portion of the lung does



Figure 1. The chest X-ray image of a patient with Swyer-James syndrome

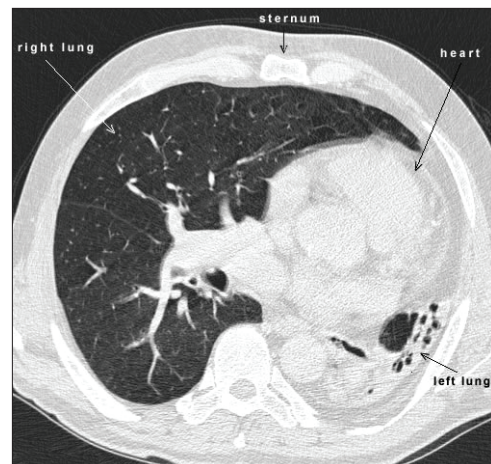


Figure 2. Thoracic computed tomography demonstrating hyperlucency, reduced volume, diminished vascularity in left lung in a patient with Swyer-James syndrome