Cardiac hydatid cyst: a comment/ Cardiac hydatid cyst case recovered with medical treatment

Kardiyak hidatik kisti: Bir yorum/Tıbbi tedavi ile düzelen kardiyak kist hidatik olgusu

Dear Editor,

Sir, the recent report on cardiac hydatid cyst is very interesting (1). Tekin et al. (1) noted for importance on concern of this disease and concluded that "In case of refusal of surgical treatment, medically inoperable patients and surgical high risks (because of the critical localization of the cyst), medical treatment is an available alternative treatment technique. "The skipping of surgical removal of the cyst is very challenging. Indeed, the use of surgical removal accompanied with the medical treatment is widely used for the cardiac hydatid cyst (2). The long term following up to determine the recurrence and complication of medical treatment without surgical removal of the cyst is very interesting. Finally, seeking for possible cystic lesions at other sites in the body is required since multiple organ involvement is possible (3).

Viroj Wiwanitkit
Wiwanitkit House, Bangkhae, 10160, Bangkok-*Thailand*

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Address for Correspondence/Yazışma Adresi: Dr. Viroj Wiwanitkit
Wiwanitkit House, Bangkhae, 10160, Bangkok-*Thailand*
Phone: 6624132436 E-mail: wviroj@yahoo.com
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Author's Reply

Dear Editor,

We thank the comments on the hydatid case (1). We agree with the comments on the possibility of recurrence in the long term following up of the patient. On the other hand, we would like to emphasize on the availability of medical treatment in case of refusal of surgical treatment, surgical contraindication and medically inoperable patients. Unique medical treatment could be remembered for treatment of similar patients. The case will be followed up for future recurrence.

Thank you for the contribution.

Recep Tekin
Clinical Microbiology and Infectious Diseases, Diyarbakır Children's Hospital, Diyarbakır-*Turkey*

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Address for Correspondence/Yazışma Adresi: Dr. Recep Tekin
Diyarbakır Çocuk Hastanesi, Klinik Mikrobiyoloji ve Enfeksiyon Hastalıkları Bölümü, Diyarbakır-*Türkiye*
Phone: +90 412 224 57 51 Fax: +90 412 229 01 47
E-mail: rectek21@hotmail.com
Available Online Date/Çevrimiçi Yayın Tarihi: 13.04.2012

The importance of Himalayan P-wave in differentiation of cardiomyopathies

Kardiyomiyopatilerin ayrımında Himalaya P dalgasının önemi

Dear Editor,

A 22-year-old female who had been previously diagnosed as hypertrophic cardiomyopathy presented with increased exertional dyspnea (NYHA Class III), orthopnea and bilateral pretibial edema for last 6 months. Family history included sudden cardiac death in her brother without known etiology. Physical examination revealed jugular venous distension, S3(+), S4(+), hepatomegaly and bilateral rales at basal segments of the lung. Complete blood count and peripheral smear demonstrated no eosinophilia ($0.1x10^3/\mu L$; Normal: 0.1-0.5 $x10^3/\mu L$). Electrocardiogram showed unexpectedly tall "P" waves (9 mm in lead V2) and right axis deviation (Fig. 1A). Chest X-ray showed evidence of biatrial enlargement (Fig. 1B). Transthoracic echocardiography disclosed left ventricular (LV) ejection fraction of 20% by M-mode technique and 30% by modified Simpson method, LV end-diastolic diameter of 49 mm, LV septal thickness 16 mm (Fig. 1C, Video 1. See correspond-

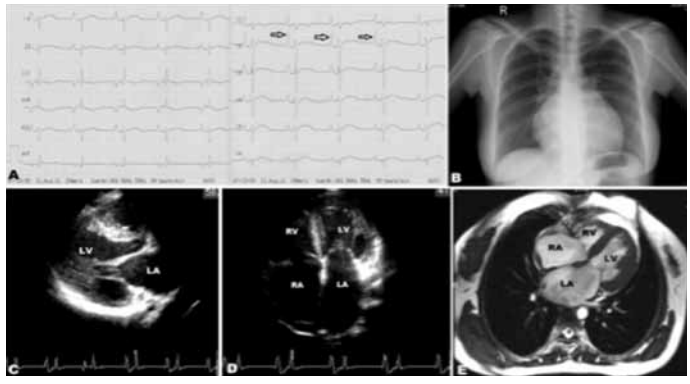

Figure 1. (A) ECG showing huge "P" waves in lead V2 (arrow) and low precordial R wave voltage. (B) Chest X-ray revealed biatrial enlargement. (C) Echocardiography showing increased septal thickness at parasternal long axis. (D) Echocardiography demonstrated biatrial dilatation and pericardial effusion adjacent to right atrium. (E) Cardiac MRI confirmed the diagnosis of RCMP

ECG - electrocardiogram, MRI - magnetic resonance imaging, RCMP - restrictive cardiomyopathy

ing video/movie images at www.anakarder.com), biatrial dilatation (Fig. 1D, Video 2. See corresponding video/movie images at www.anakarder.com), moderate tricuspid regurgitation, systolic pulmonary artery pressure of 50 mmHg, restrictive type diastolic dysfunction (mitral E/A>2, E/E'=17.5). Tissue Doppler imaging revealed septal E'<8 cm/sec. Plasma brain natriuretic peptide level was 2164 pg/ml (normal: 0-100 pg/ml). She was hospitalized and intravenous diuretic infusion was initiated. Cardiac magnetic resonance imaging also confirmed the diagnosis of restrictive cardiomyopathy (RCMP) and excluded hypertrophic cardiomyopathy (Fig. 1E). Endomyocardial biopsy was nondistinctive and showed non-specific degenerative changes. Concomitant right and left heart catheterization revealed mean pulmonary capillary wedge pressure of 24 mmHg, pulmonary artery systolic/diastolic/mean pressures of 45/25/35 mmHg, right ventricle systolic/end-diastolic pressures of 48/17 mmHg and LV systolic / end-diastolic pressures of 110/25 mmHg. The hemodynamic study also confirmed the diagnosis of RCMP. Further investigations ruled out secondary causes of RCMP and hence a diagnosis of primary RCMP (probably familial) was made. Her symptoms relieved and functional capacity improved during follow-up. Implantable cardioverter defibrillator was implanted because of the family history of sudden cardiac death. She has become a candidate for cardiac transplantation. She was discharged from hospital uneventfully.

Himalayan P-wave has been shown in many congenital and acquired disorders previously (1-4). The discussed case report underlines the importance of simple tests like electrocardiogram which may direct us to correct diagnostic approaches for differentiation of several disorders. Our patient was misdiagnosed as hypertrophic cardiomyopathy previously, which was corrected as RCMP after multiple imaging methods. Therefore, the diagnosis of RCMP requires combination of clinical and diagnostic findings together.

Video 1. Transthoracic echocardiography at parasternal long-axis view showing decreased ejection fraction and increased septal thickness

Video 2. Transthoracic echocardiography at apical 4-chamber view showing biatrial dilatation

Uğur Canpolat, Muhammed Dural, Kudret Aytemir, Lale Tokgözoğlu
Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara-*Turkey*

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Address for Correspondence/Yazışma Adresi: Dr. Uğur Canpolat
Hacettepe Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı, 06100 Sıhhiye, Ankara-*Türkiye*
Phone: +90 312 305 17 80 Fax: +90 312 305 41 37
E-mail: dru_canpolat@yahoo.com
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Sex proportion of offspring in mothers with cardiac disease

Kalp hastalığı olan annelerin çocuklarında cinsiyet dağılımı

Sex ratio adjustment has become a hot and interesting topic in ecology and production biology, as documentations of sex ratio changes are numerous, and include examples in human and animal species. An increasing number of researches support the idea that exposure to stressful conditions can influence the sexes of offspring produced by humans; a majority of which document significantly fewer males after exposure to adverse conditions such as severe life events, economic disruption (1, 2); but natural disasters such as cardiovascular disease was not assessed.

According to this background, we reviewed 200 pregnant women with cardiac disease and mean age 29.4±4.28 years. The incidence of various cardiac disease in pregnant women were as follow: valvular heart disease 138 cases (64%), dilated cardiomyopathy 19%, hypertrophic cardiomyopathy 2 patients (1%), not corrected or significant residual congenital heart disease in 28 women (14%) and aneurysm of aorta were found in 4 cases (2%). In addition, our results showed that 55 women (27.5%) had ejection fraction<25% and 72 cases (36%) had pulmonary hypertension (pulmonary artery pressure ≥40 mmHg). These patients delivered 216 offspring; 164/216 (75.9%) of them were female [the calculated sex ratio (male/female) was 52/164 (0.32)] and 16 neonates (8%) were twins.

Based on previous studies the relation between stress in early pregnancy and offspring gender was studied; for example Navara et al. (1) reported that exposure to moderate and severe stress (30-item version of the General Health Questionnaire) in early pregnancy is associated with a lower male to female ratio (sex ratio=0.85).

In addition, women in job types that were categorized as "high stress" were more likely to give birth to daughters, whereas women in job types that were categorized as "low stress" had equal sex ratios or a slight male bias in offspring (2).

However, the mechanisms by which stress-related biases in the offspring sex ratio may occur remain elusive, and the involvement of glucocorticoids indicating a true influence of stress itself remains unstudied, so parental hormone levels around the time of conception partially control the sexes of the resulting offspring (2). Also interestingly, Hama et al. (3) reported that radiation exposure among male radiologists was associated with a significantly higher proportion of female offspring: 51.5% vs. 48.5% in the control group, with a relative risk of 1.13 [95% confidence interval (CI), 1.00-1.27]. The same study found that high levels of radiation exposure, defined as one or more incidents of annual radiation exposure >10 mSv, among male radiologists were associated with an even higher proportion of female offspring (66%; p=0.002; relative risk, 2.01) (3). Zadeh et al. (4) have demonstrated a non-significant increase in the female proportion (53%, p=0.13) in the sex ratio among male orthopedic surgeons exposed to ionizing radiation.

Milham et al. (5) also confirmed a reduced sex ratio among the 139 offspring of carbon setters in Olympia, Washington, who were exposed to electromagnetic radiation; there was a 62% female preponderance (p = 0.0026). Limited data have also shown reduced sex ratios in female physiotherapists exposed to electromagnetic radiation. We believe this is the first report of the relation between offspring gender and mother's