

Coincidental diagnosis of corrected transposition of the great arteries in an asymptomatic 65- year- old patient

Altmış beş yaşında yakınması olmayan düzeltilmiş büyük arter transpozisyonlu hastanın rastlantısal teşhisi

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Congenitally corrected transposition of the great arteries (CTGA) is an uncommon defect that occurs in 0.5% of patients born with congenital heart disease.

A 65- year-old female patient admitted with chest pain and palpitation lasting for four weeks. She had no exertional dyspnea. She did not have any risk factor for cardiovascular disease, either. Physical examination revealed a blood pressure of 110/70 mmHg. Her pulse was arrhythmic. No murmur was heard on the auscultation except for the arrhythmia. The electrocardiogram (ECG) showed the absence of septal Q waves in lead I, aVL and V4-V6. There were Q waves in leads V1-V3. The rhythm was atrial fibrillation. Troponin T was negative and creatine kinase MB values were normal. In the follow-up, there were no changes in the cardiac markers, nor on the ECG. Biochemical and hematologic parameters were in normal range except for the findings of the subclinical hyperthy-

roidism. Telecardiography showed cardiomegaly. Transthoracic echocardiography showed cardiac situs solitus levocardia with great artery transposition with intact interventricular septum, atrial septal defect (ASD), moderate right atrial dilatation and a persistent left vena cava superior (Fig. 1A-B). Coronary and aortic root angiography revealed left circumflex (LCx) coronary artery originated from right sinus of Valsalva in association with right coronary artery (RCA) ostium. However, left anterior descending artery (LAD) was not observed to originate from the same LCx ostium; RCA was observed to run in the LAD region. Aortogram did not reveal a separate LAD (Fig. 2A-B).

This case was interesting since the patient is now in her 60's but has suffered no symptom or conduction disorder so far, and she unexpectedly has an ASD rather than a ventricular septal defect.

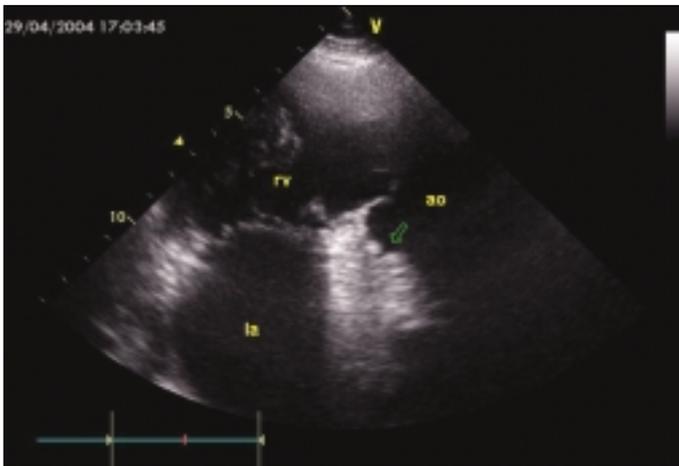


Figure 1A. Transthoracic echocardiography: the right ventricle is the conduit between the left atrium and the aorta. Arrow shows the coronary orifice from aorta

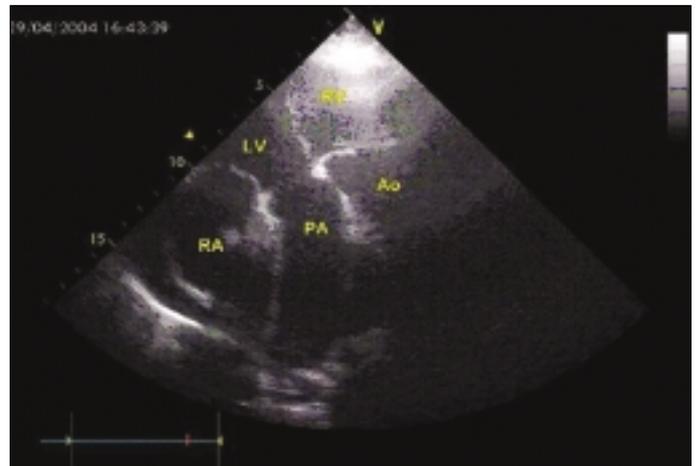


Figure 1B. Transthoracic echocardiography showed transposition of great arteries



Figure 2A. Coronary angiogram: left circumflex coronary artery originating from right sinus of Valsalva

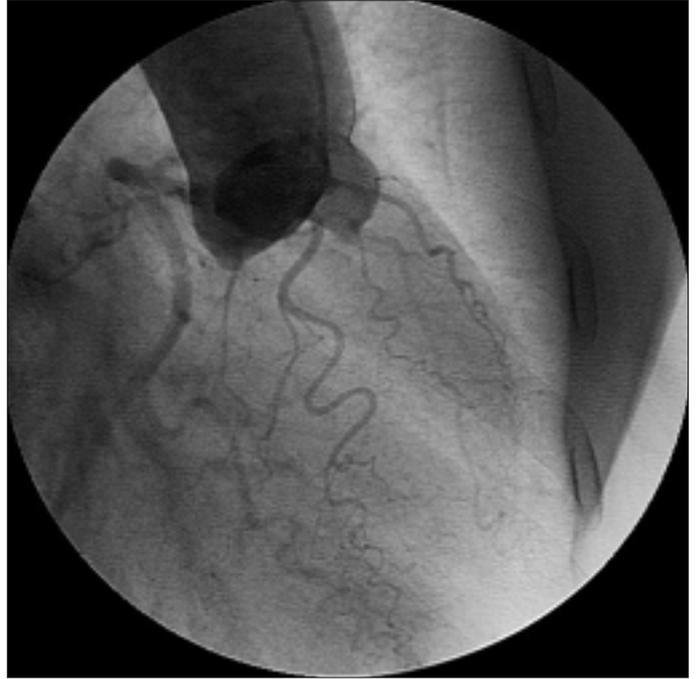


Figure 2B. Absence of a separate left anterior descending artery is seen on aortogram