

Figure 2. The tract of the fistula and the rupture on the posterior leaflet of the bicuspid aorta: intraoperative view

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Ventricular septal defect with bidirectional shunting in a patient with congenitally corrected transposition

Konjenital düzeltilmiş transpozisyonlu bir hastada bidireksiyonel şanlı ventriküler septal defekt

Congenitally corrected transposition of the great arteries (CCTGA) is a rare cardiac malformation characterized by the combination of discordant atrioventricular and ventriculoarterial connections. Most of the cases with CCTGA are diagnosed in childhood because of concomitant cardiac malformation. Relevant concomitant cardiac defects such as ventricular septal defect (VSD), atrial septal defect, tricuspid regurgitation and pulmonary stenosis were reported previously. We report an asymptomatic patient with CCTGA and coexisting VSD with bidirectional shunting.

A 22-year-old asymptomatic male in the army was seen in our department during his periodical examination. He had a grade 3/6 mesocardiac systolic murmur on cardiac auscultation. Electrocardiogram (ECG) showed normal sinus rhythm with right bundle branch block. Transthoracic echo-

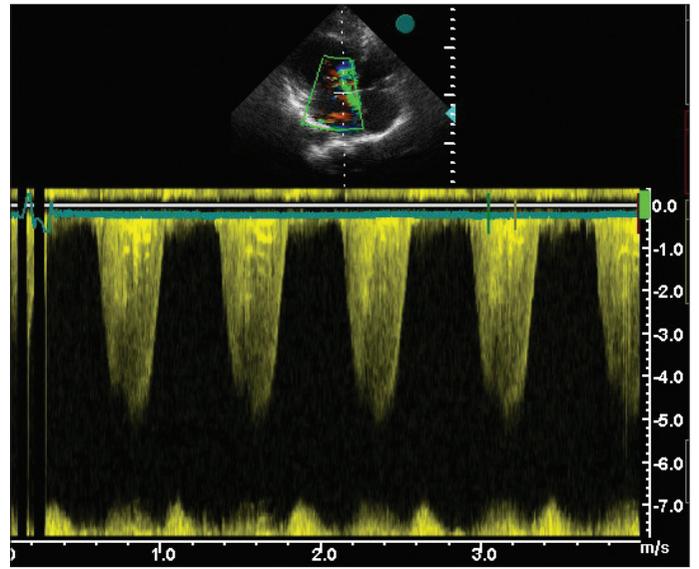


Figure 1. Transthoracic and Doppler echocardiography views of congenitally corrected transposition of the great arteries with ventricular septal defect with left to right shunt

cardiography showed CCTGA with VSD with left to right shunt (Fig.1, Video 1. See corresponding video/movie images at www.anakarder.com) and moderate tricuspid and aortic regurgitation in apical four-chamber view. The pulmonary valve was moderately stenotic with a peak pressure gradient of 49 mm Hg. For identifying the direction of shunt flow in VSD contrast echocardiographic examination with agitated saline was carried out. Contrast echocardiography demonstrated positive contrast effect in the left ventricular in diastole confirming a right-to-left shunt at the ventricular septum (Video 2. See corresponding video/movie images at www.anakarder.com). According to our knowledge, our case is the first reported CCTGA with VSD with bidirectional shunting in an asymptomatic patient.

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Huge main pulmonary arterial thrombus in a child with increased lipoprotein (a) level

Lipoprotein (a) yüksekliği olan bir çocukta pulmoner arteriyel dev trombüs

Pulmonary arterial thrombosis is an extremely rare clinical condition both in children and in adults. Lipoprotein (a) [Lp (a)] is an atherogenic