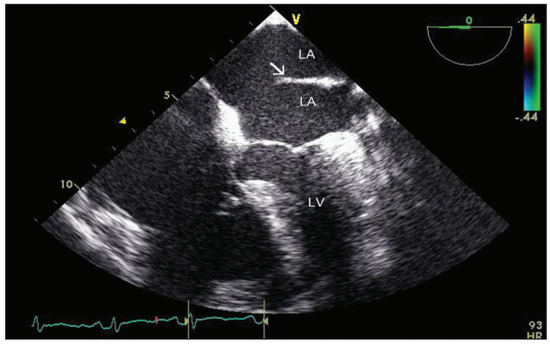

Figure 2. Transosephageal echocardiography view of the fibromuscular membrane (arrow)
LV - left ventricle, LA - left atrium

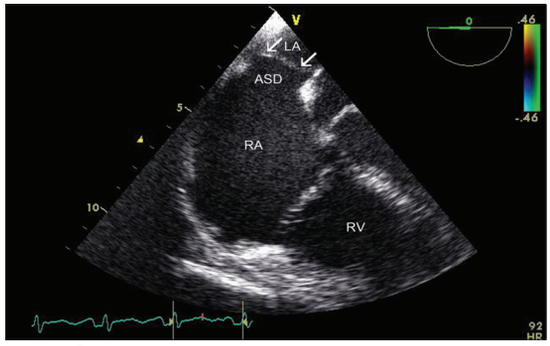

Figure 3. Transosephageal echocardiography view of fibromuscular membrane (arrow) and atrial septal defect (ASD)
LA - left atrium, RV - right ventricle, RA - right atrium

defect including the presence and location of an ASD, and on associated CHD. Incomplete cases have been described; in these patients the orifice was wide without a pressure drop between the proximal and distal chamber.

We reported a case of incomplete cor triatriatum sinister associated with large secundum ASD in an adult.

Şakir Arslan, Fuat Gündoğdu, M. Emin Kalkan
Department of Cardiology, Faculty of Medicine, Atatürk University, Erzurum, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Şakir Arslan,
Atatürk Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı Erzurum, Turkey
Phone: +90 442 315 11 16 Fax: +90 442 315 11 16
E-mail: drsakirarslan@gmail.com

©Telif Hakkı 2010 AVES Yayıncılık Ltd. Şti. - Makale metnine www.anakarder.com web sayfasından ulaşılabilir.
©Copyright 2010 by AVES Yayıncılık Ltd. - Available on-line at www.anakarder.com
doi:10.5152/akd.2010.081

Renovascular hypertension in a child with Marfan syndrome

Marfan sendromlu bir çocukta renovasküler hipertansiyon

A 13-year-old girl was admitted to the hospital with the decrease in visually acuity. Her eyes examination revealed bilateral lens subluxation and grade II hypertensive retinopathy. Her blood pressure was 160/110 mmHg and her height was 167cm (90-97th percentiles). Other findings included a large nose, a long facies, a high-arched palate, long fingers and a grade II diastolic murmur at the right upper sternal border. She was diagnosed as having Marfan syndrome. Firstly, the most common causes of hypertension were investigated. Because all screening evaluations were normal, she underwent a digital subtraction angiography (DSA) of aorta and bilateral selective renal angiography for suspected renal artery (RA) stenosis. Digital substraction angiography revealed a prominent kink at right RA and an aneurysm at left RA. The left RA was twisted and tortuous (Fig. 1).

The patient was given nifedipine and metoprolol. Endovascular or open surgical interventions were not performed. After two weeks of therapy, the patient's blood pressure improved (110-120/60-70 mmHg). During follow-up of 12 months, her blood pressure remained at normal limits.

In conclusion, renal arteries can be affected in children with Marfan syndrome. If there are not other obvious causes of sustained hypertension in these patients, arteriography should be performed.

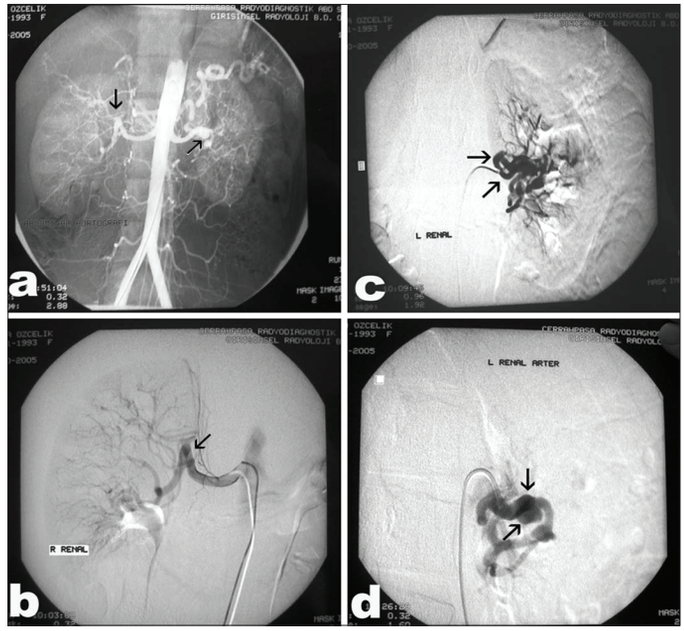

Figure 1. Digital substraction angiography images: (a) normal abdominal aorta, (b) a prominent kink at right renal artery, (c) twisted and tortuous left renal artery and (d) a 10x8 mm aneurysm at the left main renal artery bifurcation

Mahmut Çivilibal, Salim Çalışkan, Furuzan Numan*, Safa Barış, Durmuş Doğan, Özgür Kasapçopur, Lale Sever, Murat Cantaşdemir* Nil Arısoy
From Departments of Pediatric Nephrology and Rheumatology, and *Interventional Radiology, Cerrahpaşa Medical Faculty, İstanbul University, İstanbul, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Mahmut Çivilibal,
Ataköy 7-8.kısım, Mimar Sinan Sitesi, L5E Blok D: 49 Ataköy, 34156 İstanbul, Türkiye
Phone: +90 212 633 00 77 Fax: +90 212 632 68 32
E-mail: drcivilibal@hotmail.com

©Telif Hakkı 2010 AVES Yayıncılık Ltd. Şti. - Makale metnine www.anakarder.com web sayfasından ulaşılabilir.
©Copyright 2010 by AVES Yayıncılık Ltd. - Available on-line at www.anakarder.com
doi:10.5152/akd.2010.082