

## Cor triatriatum sinister with secundum atrial septal defect in a patient with recurrent pulmonary infections

*Tekrarlayan akciğer enfeksiyonları olan bir hastada sekundum atriyal septal defekt ile cor triatriatum sinister*

A 25-year-old male patient was admitted to our department with effort-related dizziness and palpitation. In his medical history, he had been hospitalized several times due to recurrent pulmonary infections. A systolic murmur of grade 3/6 was heard on cardiac auscultation. Transthoracic echocardiography showed a membrane-like structure resembling a pouch dividing the left atrium into two compartments in 2-dimensional views (Fig. 1 and Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Color-Doppler study showed also a color-flow across the inter-atrial septum from the left to the right side. For further anatomical diagnosis, transesophageal echocardiogra-



**Figure 1.** 2-D transthoracic echocardiography image of a membrane-like structure in the left atrium in apical four-chamber view (white arrow)



**Figure 2.** Transesophageal echocardiography image of an atrial septal defect covered by the membrane-like structure (white arrow)

phy was performed. An incomplete membrane-like structure and turbulent flow across the defective site were observed in the left atrium (Video 2-3. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). In addition, a 1.2 cm sized defect covered by this membrane and color-flow transition from the left atrium to the right atrium in this region were detected (Fig. 2 and Video 4. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)).

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## Libman-Sacks endocarditis mimicking cardiac myxoma

*Kardiyak miksomayı taklit eden Libman-Sacks endokarditi*

Antiphospholipid syndrome (APS) has been defined as venous or arterial thrombosis, recurrent fetal loss, or thrombocytopenia accompanied by increased levels of anticardiolipin antibodies (ACA) and the lupus anticoagulant (LA) can be seen as primary or secondary to systemic lupus erythematosus (SLE). Libman-Sacks endocarditis, non-bacterial verrucous vegetative endocarditis, is regarded as a cardiac manifestation of both SLE and APS. Here we report a case, who had not been diagnosed SLE or APS previously, presenting with cerebrovascular event. The patient was 64-year-old woman was referred our institution after a transient ischemic attack with temporary right hemiplegia. On examination a blowing systolic murmur at the apex radiating to the left axilla was heard. Transthoracic (Fig. 1A) and transesophageal (Fig. 1B) echocardiography revealed mitral valve thickening with focal vegetations (Video 1-2. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Repeated blood cultures and inflammatory markers were negative and there was no other evidence of infectious endocarditis. Erythrocyte sedimentation rate was 21 mm/h (0-25) and CRP was 0.410 mg/dL (0-0.8). The patient underwent mass excision surgery with preoperative diagno-



**Figure 1.** Transthoracic (A) and transesophageal (B) echocardiography images of vegetation on mitral posterior leaflet