

was transferred to cardiothoracic surgery for coronary bypass surgery. Before operation, magnetic resonance imaging (MRI) was performed. MRI demonstrated interventricular isointense, immobile benign characterized mass (73x40x58 mm) (rhabdomyoma, fibroma) (Fig. 2A, B). During operation, biopsy specimens were taken by tricuspid route. After pathological evaluation, diagnosis was in the form of fibrotic, and non capsular formation, but not fibroma (Fig. 3, 4A-C).

Cardiac fibroma is a rare, benign tumor, which occurs especially in children and rarely in adults. Most fibromas occur in the free wall or septum of ventricles and may reach a huge size, which complicates surgical removal. Echocardiography is the common initial diagnostic test for the presence of a cardiac mass.

**Video 1A, B.** Transthoracic echocardiographic apical four-chamber views of interventricular mass-like formation

**Ahmet Göktuğ Ertem, Tolga Han Efe<sup>1</sup>, Harun Kılıç, Ekrem Yeter**  
**Clinic of Cardiology, Dışkapı Yıldırım Beyazıt Education and Research Hospital, Ankara-Turkey**  
**<sup>1</sup>Clinic of Cardiology, Atatürk Education and Research Hospital, Ankara-Turkey**

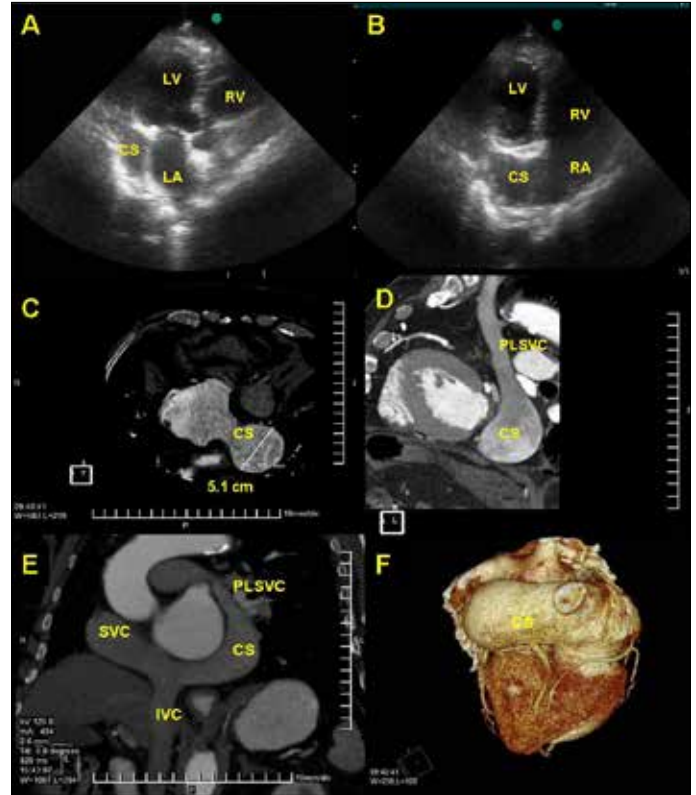
**Address for Correspondence/Yazışma Adresi:** Dr. Ahmet Göktuğ Ertem  
Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi, Kardiyoloji Kliniği,  
Ankara-Türkiye  
Phone: +90 312 596 29 36 Fax: +90 312 318 66 90  
E-mail: agertem@hotmail.com  
**Available Online Date/Çevrimiçi Yayın Tarihi:** 08.08.2012

©Telif Hakkı 2012 AVES Yayıncılık Ltd. Şti. - Makale metnine [www.anakarder.com](http://www.anakarder.com) web sayfasından ulaşılabilir.  
©Copyright 2012 by AVES Yayıncılık Ltd. - Available on-line at [www.anakarder.com](http://www.anakarder.com)  
doi:10.5152/akd.2012.208

## Persistent left superior vena cava associated with giant coronary sinus

### *Dev koroner sinüs ile ilişkili persistan sol vena cava süperiör*

A 70-year-old male patient was admitted to the cardiology outpatient clinic with complaint of shortness of breath during exertion. He had history of hypertension, permanent atrial fibrillation and coronary artery bypass graft surgery. Transthoracic echocardiography revealed normal findings except a severely dilated coronary sinus suggestive of a persistent left superior vena cava (PLSVC) in apical 4-chamber view (Fig. 1A, B., Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Contrast study from the left antecubital vein showed prior contrast enhancement of this giant coronary sinus before the right atrium (Video 2. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). However, contrast study from the right antecubital vein showed prior contrast enhancement of the right atrium before the coronary sinus (Video 3. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). For further anatomical analysis of bypass grafts and possible associated anomalies, multislice computed tomography (CT) was performed. CT showed patent bypass grafts and the PLSVC draining into a giant coronary sinus (5.1 cm) (Fig. 1 C, D, E and F). The patient was prescribed by angiotensin-converting enzyme inhibitors, beta-blockers, warfarin, statins and diuretics. He was discharged and called for controls.



**Figure 1. A, B) Transthoracic echocardiography apical 4-chamber views of a severely dilated coronary sinus suggestive of a PLSVC. C, D) CT views of the PLSVC draining into a giant coronary sinus (5.1 cm) E) CT angiography view of the PLSVC, the giant coronary sinus, inferior vena cava, and the right superior vena cava. F) Reconstructed CT angiography image of the giant coronary sinus**

CS - coronary sinus, CT - computed tomography, IVC - inferior vena cava, LA - left atrium, LV - left ventricle, PLSVC - persistent left superior vena cava, RA - right ventricle, RV - right ventricle, SVC - superior vena cava

**Video 1.** TTE in the apical 4-chamber axis demonstrating shows a severely dilated coronary sinus suggestive of a PLSVC

PLSVC - persistent left superior vena cava, TTE - transthoracic echocardiography

**Video 2.** Contrast study from the left antecubital vein shows prior contrast enhancement of this giant coronary sinus before the right atrium

**Video 3.** Contrast study from the right antecubital vein shows prior contrast enhancement of the right atrium before the coronary sinus

**Zafer Işılak, Murat Yalçın, Mehmet İncedayı\*, Serkan Çay**  
**From Departments of Cardiology and \*Radiology, Gülhane Military Medical Academy, Haydarpaşa Hospital, İstanbul-Turkey**

**Address for Correspondence/Yazışma Adresi:** Dr. Zafer Işılak  
Gülhane Askeri Tıp Akademisi Haydarpaşa Eğitim Hastanesi, Kardiyoloji Kliniği,  
İstanbul-Türkiye  
Phone: +90 216 542 34 80 Fax: +90 216 348 78 80  
E-mail: drzaferisilak@gmail.com  
**Available Online Date/Çevrimiçi Yayın Tarihi:** 08.08.2012

©Telif Hakkı 2012 AVES Yayıncılık Ltd. Şti. - Makale metnine [www.anakarder.com](http://www.anakarder.com) web sayfasından ulaşılabilir.  
©Copyright 2012 by AVES Yayıncılık Ltd. - Available on-line at [www.anakarder.com](http://www.anakarder.com)  
doi:10.5152/akd.2012.209