Common Ventricle due to a 52-mm Ventricular Septal Defect (VSD)

Edmar Atik and Valéria de Melo Moreira
Instituto do Coração do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP - Brazil

Eleven-year-old boy undergoing pulmonary banding at the age of one month due to heart failure. He had normal physical growth, good exercise tolerance and normal arterial saturation. On physical examination, grade 3/6 systolic murmur at the LSB. On ECG, biventricular volume overload, and on chest X-ray, close to normal cardiac silhouette with slightly increased pulmonary vascularity. Atrioventricular and ventriculoarterial concordance with ventricles of similar size and large 52-mm discontinuity of the interventricular septum up to the apex (common ventricle). Surgical ventricular separation implies a high risk of residual defect, in addition to contractile dysfunction. Maintenance of the expectant medical management was chosen.

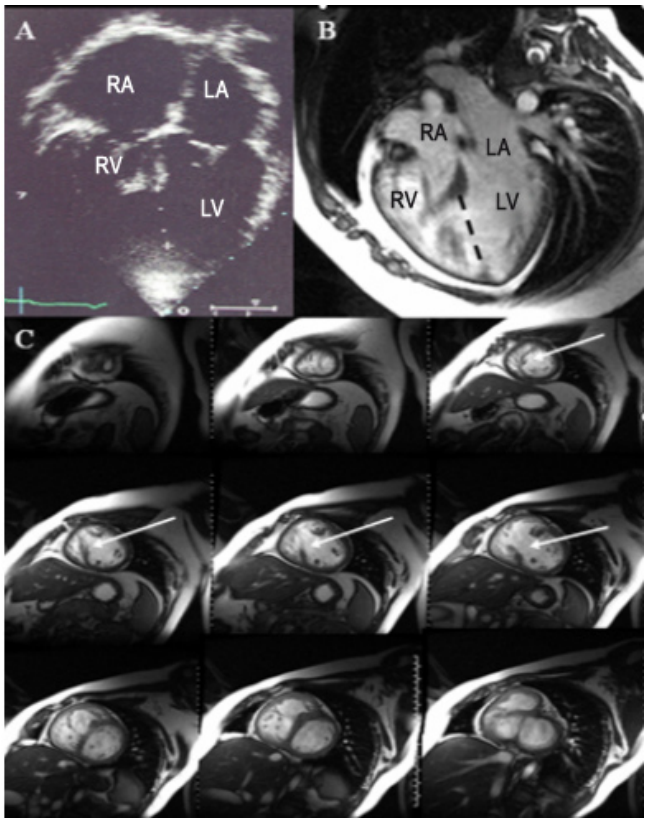

Figure. 1 - *Echocardiogram (A) and Cardiac Magnetic Resonance Imaging (B) in four-chamber view showing a large ventricular septal defect encompassing approximately 2/3 of the septal extension (dotted lines); CMRI short-axis views from the apex to the base of the heart show a single ventricular cavity due to the large ventricular septal defect (arrows –C); RA - right atrium; LA - left atrium; RV - right ventricle; LV - left ventricle.*

Key Words

Heart failure; heart defects, congenital; heart septal defects, ventricular

Mailing Address: Edmar Atik •
Rua 13 de Maio 1954, cj. 71 – Bela Vista - 01327-002 – São Paulo, SP - Brazil
E-mail: conatik@incor.usp.br, eatik@cardiol.br
Manuscript received May 07, 2008; revised manuscript received May 13, 2008; accepted May 13, 2008.