

Clinical-Surgical Correlation

Case 2/2004 – Pediatric cardiology department, Hospital de Base,
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CLINICAL DATA

A Caucasian female patient at the age of 16 years old presented with a clinical picture of tiredness at the slightest effort and palpitations. At 22 years old she presented with a good clinical state, good color, acyanotic, with eurnea, rhythmic, normal sound with constant and fixed division at B2, systolic murmurs ++/6 at a pulmonary location. The lungs had vesicular and symmetrical murmurs without adventitious noises. The abdomen was without visceromegaly. The peripheral pulses were symmetrical without difference of blood pressures in the limbs.

ELECTROCARDIOGRAM

Sinusal rhythm, complex QRS + 60° Electric axis. V1 derivation presenting with RSR', characterizing a complete block of the right branch.

RADIOGRAM

A cardiothoracic index of 0.42 with an increased right atrium was seen. Pulmonary parenchyma had slight vascular congestion.



Fig. 1 - Foramen secundum-type interatrial connection with narrow margins and small fenestrations

ECHOCARDIOGRAM

Situs solitus at levocardia, veno-atrial connections, atrioventricular and ventriculoarterial in accord. A foramen secundum type interatrial connection of 17 mm, with

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moderate increase in the right atrium and slight mitral valve insufficiency were evidenced.

DIFFERENTIAL DIAGNOSIS

Partial atrioventricular septum defect, partial drainage anomaly of the pulmonary veins and interatrial connection with pulmonary obstructive disease should be considered during the differential diagnosis.

DIAGNOSIS

The echocardiogram was imperative in the diagnosis and guidance of treatment. It adequately demonstrated the

characteristics of an interatrial septal defect, suggesting the necessity of surgical treatment in detriment of percutaneous occlusion with the utilization of a prosthesis.

SURGERY

Median transsternal thoracotomy was performed with the use of cardiopulmonary bypass and sanguineous cardioplegia. On opening of the right atrium, an ostium secundum type defect of the interatrial septum with fragile and perforated margins was identified. A bovine pericardial patch was used to close this. The patient evolved without complications and was released from hospital on the 4th postoperative day using furosemide, which was suspended after 30 days.