Clinical-Surgical Correlation

Case 2/2004 – Pediatric cardiology department, Hospital de Base, Medical School of São José do Rio Preto

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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 eurhythm, 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 + 60º 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.

ECHOCARDIOGRAM
Situs solitus at levocardia, veno-atrial connections, atroventricular and ventriculoarterial in accord. A foramen secundum type interatrial connection of 17 mm, with narrow margins and small fenestrations.

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