Clinical vignette

Late pulmonary artery aneurysm combined with subpulmonary left ventricular outflow tract obstruction in corrected transposition of the great arteries

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A 57-year-old male was admitted due to exertional dyspnea and fatigue, which are the first symptoms of congenitally corrected transposition of the great arteries. Unusual combination of subpulmonary obstruction caused by membranous ventricular septal aneurysm and a large pulmonary artery aneurysm was diagnosed by cineangiography (Panel A) and echocardiography (Panel B, D). The defects (Panel C) were successfully corrected by reduction pulmonary arterioplasty and interventricular septal aneurysm repair. Post-operative course was uneventful and the patient is free of symptoms at 3 months of follow-up.

Panel A. Right ventriculography in left anterior oblique view: aneurysm of the membranous interventricular septum bulging into the subpulmonary left ventricular outflow tract.

Panel B. Transthoracic echocardiography, four-chamber view in zoom: interventricular septum (IVS), aneurysm of membranous IVS (asterisk) causing outflow tract obstruction (arrow), right atrium (RA), and pulmonary valve (PV).

Panel C. Median sternotomy: typical transpositional morphology of the great arteries with a large pulmonary artery aneurysm (8 cm in diameter). Pulmonary artery (PA), aorta (Ao), and right atrium (RA).

Panel D. Transthoracic echocardiography, modified short-axis view: pulmonary artery aneurysm.

doi:10.1093/eurheartj/ehm178

Online publish-ahead-of-print 26 June 2007