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Images in medicine

Congenital heart disease at 21 years old

Enfermedad cardíaca congénita a los 21 años

Ana Rita Alves Lopes*, Rita Silva, Rui Terras

Servicio de Medicina Interna, de la Unidade Local de Saúde do Nordeste – Unidade Hospitalar de Bragança, Portugal

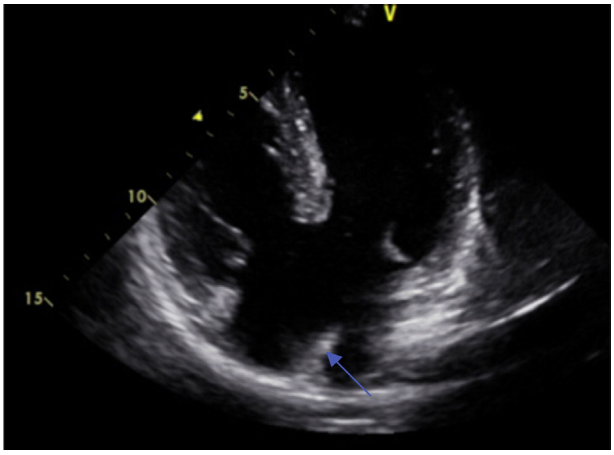

Fig. 1. Echocardiography: complete atrioventricular septal defect, reduced vertex inter-ventricular communication, wide communication inter-atrial (arrow).

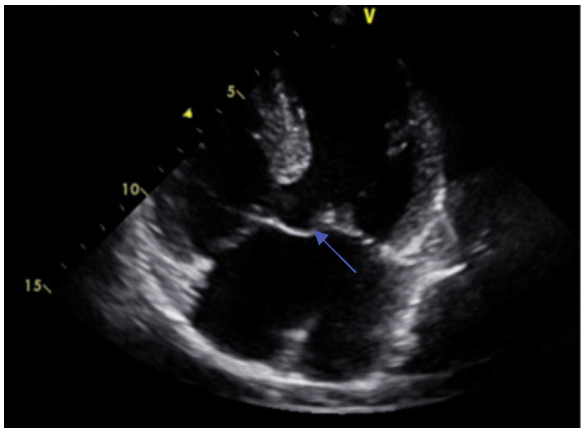

Fig. 2. Echocardiography: a single atrioventricular valve (arrow).

A 24-year-old man with occasional consumption of alcohol and tobacco, without other significant medical history presented to the Emergency department reporting dyspnea on exertion for 2weeks. He had history of headache, dizziness and fatigability with lack of concentration on daily activities for 4 years. Unemployed due to illness.

On examination blood pressure 128/71 mmHg, heart rate 87 bpm, oxygen saturation of 81% without supplemental oxygen, marked central cyanosis and clubbing present, edema absent, JVP not raised, chest wall deformity with a scoliosis, a normal cardiopulmonary auscultation.

A room air arterial blood gases revealed significant hypoxemic respiratory failure (pO_2 45%). On investigation, hemoglobin was 18.9 g/dL and haematocrit 53.8%. ECG showed features of ventricular hypertrophy. Chest radiograph showed cardiomegaly. Echocardiography showed congenital cardiac disease with: a complete atrioventricular septal defect (with free communication between 4chambers) (Fig. 1) with a single atrioventricular valve (Fig. 2), reduced vertex inter-ventricular communication, wide communication inter-atrial (30 mm); severe pulmonary hypertension (PSAP 80 mmHg), preserved ejection fraction, cavities within the limits of normality[1-4].

Cerebral computed tomography (CT) was normal and chest CT revealed a marked increase in the caliber of the pulmonary artery (43 mm) and presence of a bilateral mosaic pattern, excluding pulmonary thromboembolism. The patient was diagnosed with Eisenmenger Syndrome secondary to untreated congenital cardiac defect.

References

1. Costa CH, Rufino R. Hipertensão Arterial Pulmonar associada às cardiopatias congênitas. *Pulmão RJ* 2015;**24**(2):43–6.
2. Calderón-Colmenero J, Zárate JS, Gámez MB. Hipertensión pulmonar asociada a cardiopatías congénitas y síndrome de Eisenmenger. *Arch Cardiol Mex* 2015;**85**(1):32–49.
3. Azevedo Simão F, Pena FM, Carvalho FA, Cardozo de Faria CA. Síndrome de Eisenmenger e comunicação interatrial. *Insuf Card* 2010;**5**(4):197–200.
4. Álvaro Albrecht. Eisenmenger: doença e história. Revista da Sociedade de Cardiologia do Rio Grande do Sul- Ano XIII no 01 Jan/FevMar/Abr 2004.

* Corresponding author.
E-mail address: rit.lopes@hotmail.com (A.R. Alves Lopes).

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