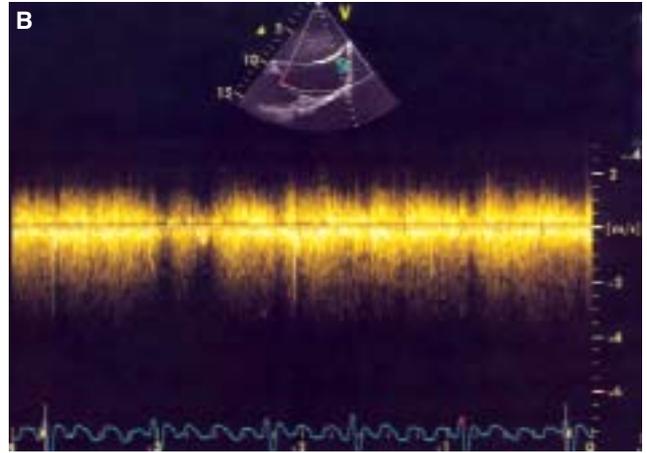
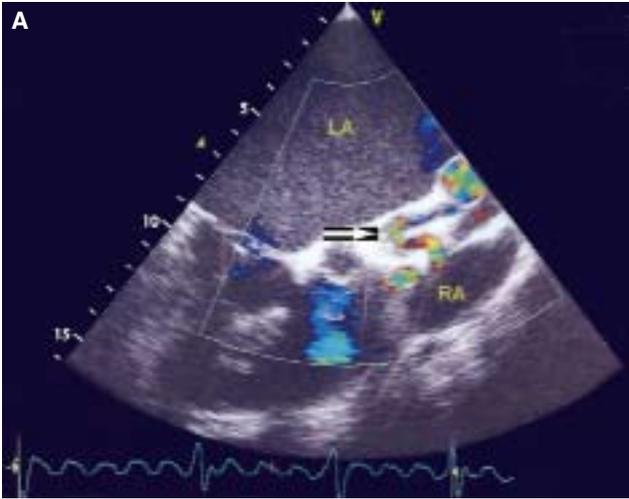


Görüntülü olgu örnekleri

Case images

Coronary artery fistula detected during transesophageal echocardiography

Transözofajiyal ekokardiyografik inceleme sırasında saptanan koroner arter fistülü



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A 44-year-old woman presented with dyspnea and palpitations. Physical examination was significant for a low-pitched mid-diastolic murmur heard best at the apex. The electrocardiogram showed atrial fibrillation. Transthoracic echocardiography showed rheumatic mitral stenosis with a valve area of 1.2

cm², moderate tricuspid regurgitation with an estimated peak pulmonary artery pressure of 54 mmHg, dilated right ventricle, and enlarged left and right atria. Transesophageal echocardiography was performed to assess the feasibility of percutaneous balloon mitral valvuloplasty (PBMV). The transverse basal short-axis view with color Doppler revealed a flow draining into the confluence of the right atrium and superior vena cava (Fig. A). This continuous flow was also demonstrated by continuous-wave Doppler during both systole

and diastole (Fig. B). Subsequent coronary angiography showed a large fistula originating from the proximal portion of the right coronary artery (Fig. C). Since the mitral valve was not found to be amendable to treatment with PBMV, the patient was scheduled for surgical intervention for the mitral valve and the fistula.

Figures. (A) Transesophageal echocardiographic examination with color Doppler demonstrates a flow into the right atrium close to its confluence with the superior vena cava. (B) Continuous-wave Doppler image of the flow showing a continuous flow during both systole and diastole. (C) The coronary angiogram shows a large fistula originating from the right coronary artery. Arrows indicate the fistulous tract. LA: Left atrium; RA: Right atrium.