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An Uncorrected Tetralogy of Fallot with a History of 4 Consecutive Pregnancies Presenting with Cardiac Tamponade

Kardiyak Tamponad ile Başvuran Dört Ardışık Gebelik Geçmişiyle Birlikte Düzeltilmemiş Fallot Tetralojisi

CASE IMAGE
OLGU GÖRÜNTÜSÜ

A 72-year-old female patient was admitted to our emergency department with increasing dyspnea lasting for 2 weeks. Medical history revealed that she had a history of 4 live births. Physical examination revealed slight cyanosis, clubbing, and a systolic murmur along the left sternal border, and her blood pressure was 95/55 mmHg. Electrocardiography indicated atrial flutter with a heart rate of 75. Chest x-ray showed an increased cardiac silhouette with a rounded, flask-like appearance (Figure 1A). Transthoracic echocardiography (TTE) showed a large amount of pericardial fluid, with the largest area being adjacent to the apical wall (5.3 cm in depth). Computed tomography depicted a large pericardial effusion with classic Tetralogy of Fallot (TOF) findings (Figure 1B–D), and pericardiocentesis was successfully performed. When the patient's hemodynamic status was stable, detailed TTE examination was performed and it revealed typical signs of TOF (Figure 2A–C, Video 1). Right heart catheterization was planned but the patient refused. In this case report, we present one of the oldest uncorrected TOF patients with the largest number of live births in the literature.

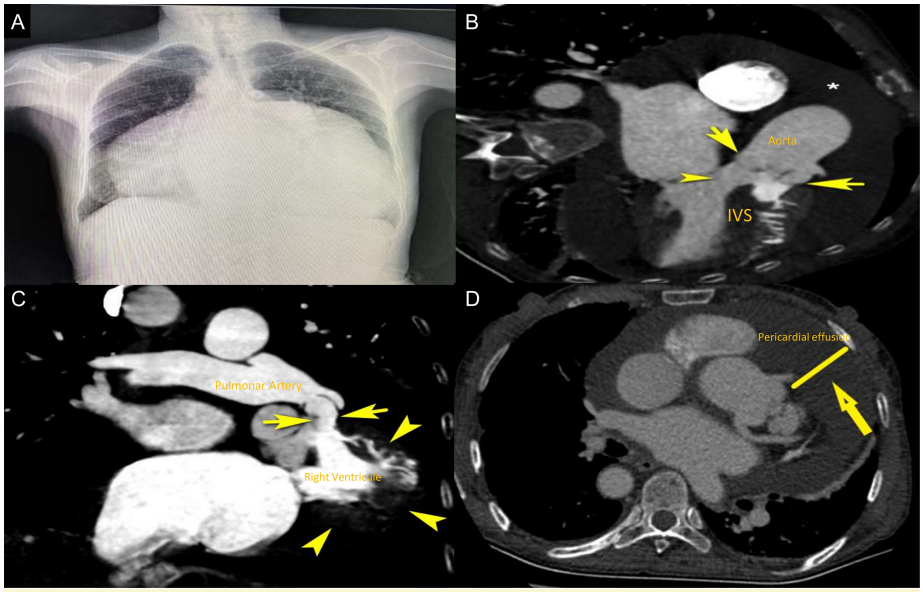

Figure 1. Chest x-ray shows a heart silhouette with a bottle-like appearance with an increased cardiothoracic ratio (A). Computed tomography depicts an overriding aorta (arrows) (B), perimembranous ventricular septal defect, subpulmonic valve stenosis and right ventricle hypertrophy (arrowheads) (C), and a large pericardial effusion (D). IVS, interventricular septum.

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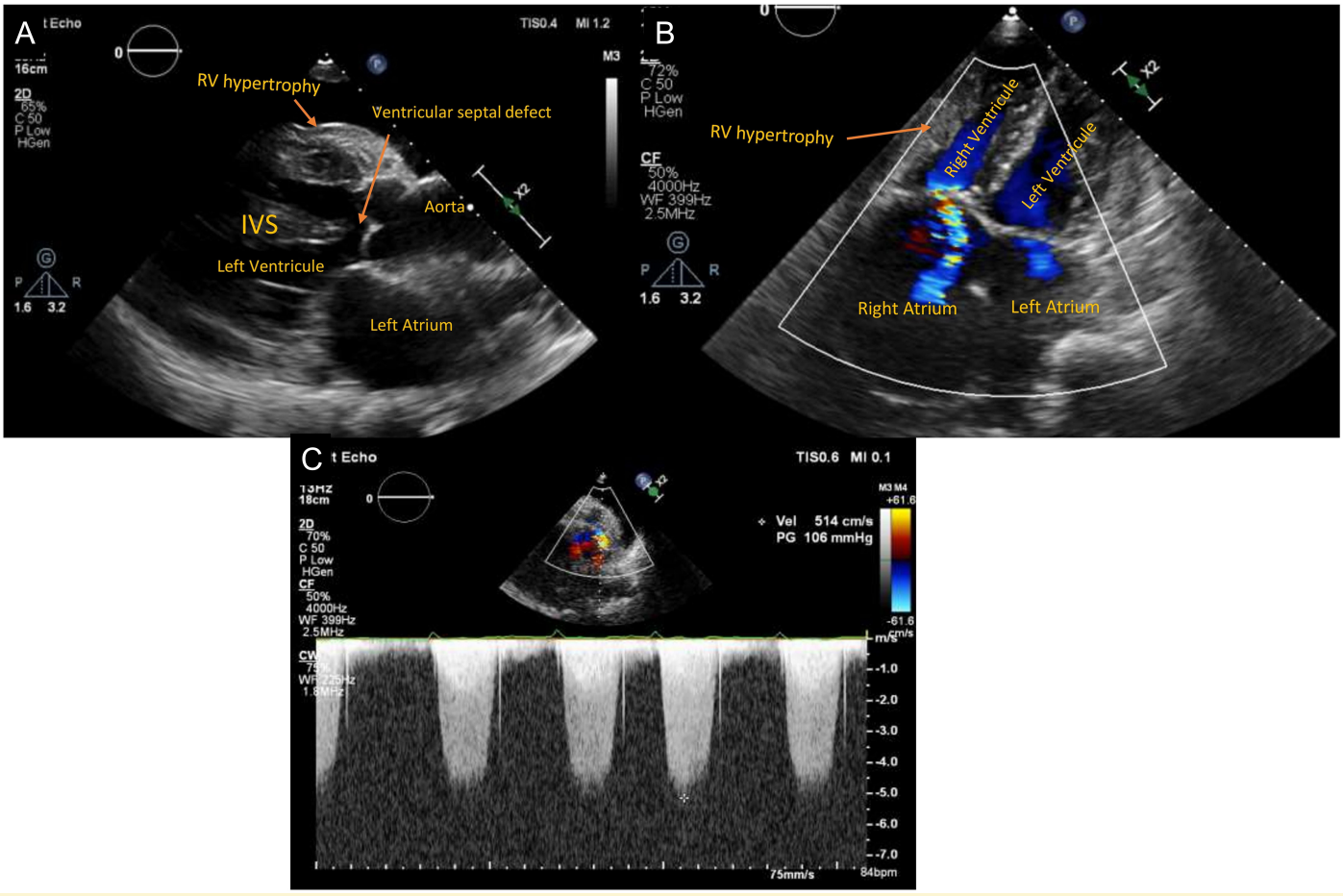

Figure 2. Transthoracic echocardiography indicates a ventricular septal defect, overriding aorta, right ventricular hypertrophy, and biatrial dilatation (A, B). Parasternal short-axis view demonstrates that the pressure gradient across the pulmonic valve reached 106 mmHg (peak) (C). IVS, interventricular septum; RV, right ventricle.

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Video 1: Transthoracic echocardiography indicates a ventricular septal defect, overriding aorta, right ventricular hypertrophy, and biatrial dilatation.