

Ortner's Syndrome caused by ductus arteriosus aneurysm

Duktus arteriyosus anevrizmasına bağlı gelişen Ortner sendromu

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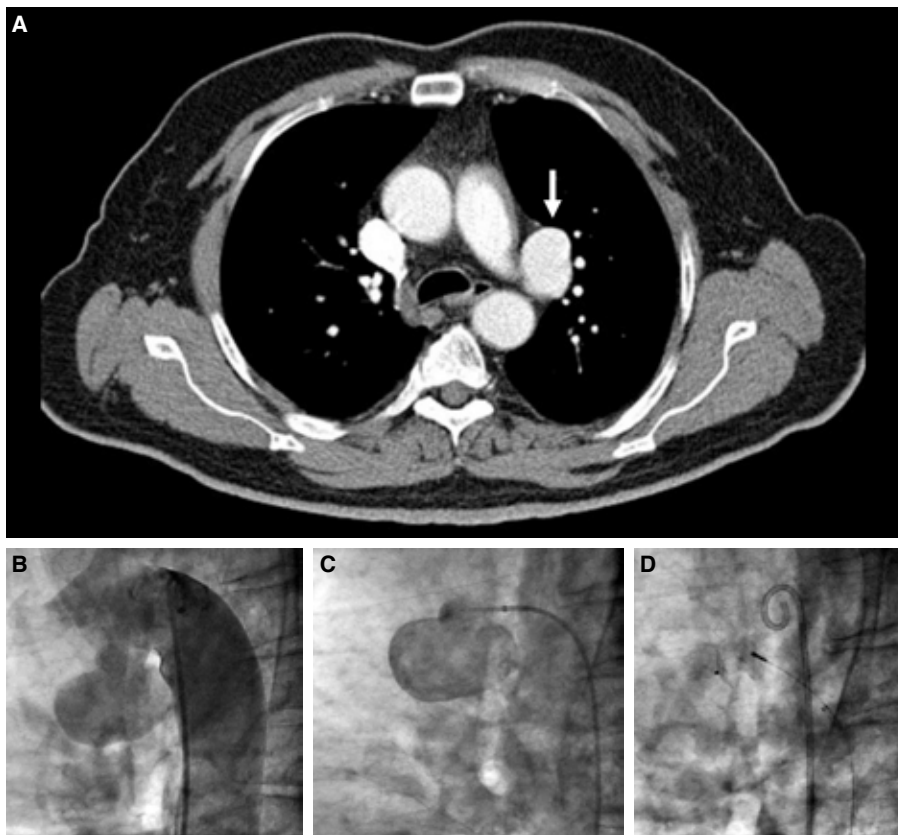
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A 66-year-old man presented to the otorhinolaryngology clinic with complaint of hoarseness that had begun 1 year prior. The patient's blood pressure was 130/80 mmHg, and pulse was 80/min and rhythmic. Cardiac examination revealed grade 3/6 continuous murmur at the left upper sternal border. Twelve-lead electrocardiography demonstrated left ventricular hyper-

trophy. Chest x-ray showed mild mediastinal widening, with no other cardiac or pulmonary pathology. Chest computed tomography demonstrated patent ductus arteriosus (PDA) of 34x27 mm with aneurys-

mal dilatation (Figure A). PDA aneurysm was believed to have caused the hoarseness by compressing on the recurrent laryngeal nerve, leading to Ortner's syndrome. The patient was referred to the cardiology clinic for evaluation and possible closure of the PDA. Further evaluation with selective angiography confirmed the diagnosis (Figure B). A 6-F pigtail catheter was advanced through the femoral arterial sheath into the descending thoracic aorta, and an angiogram obtained in lateral projection delineated the ductus (Figure C). Maximum transverse diameter of the aneurysm was revealed to be 35 mm and at the level of the aortic ampulla on aortography. The diameter of the duct was 7x4.5 mm. An 8/6-mm size Amplatzer PDA occluder device (St. Jude Medical, Inc., Little Canada, MN, USA) was deployed across the ductus, resulting in a small residual shunt (Figure D). Hoarseness was completely resolved upon follow-up. After 6 months, the shunt was closed, and no complications were observed.



Figures– (A) Chest computed tomography revealed a patent ductus arteriosus aneurysm. (B) Ductus arteriosus aneurysm on aortography. (C) Ductus arteriosus aneurysm on aortography. (D) Amplatzer PDA occluder device was successfully deployed across the ductus.