Abstract: P673

An unexpected atrial septal defect in an adult patient

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Introduction: Hemodynamically significant atrial sept defects (ASD's) resulting in right heart overload and pulmonary hypertension are associated with important age-related morbidity and mortality. This, timely surgical correction is crucial. However a small number of ASD's are diagnosed in asymptomatic adults.

Case Report: The authors present a case of a 78 years-old woman with a medical history of mitral valve replacement due to severe mitral regurgitation. Later on, she suffered a prosthetic valve (PV) thrombosis successfully treated with thrombolysis, albeit a mean transprosthetic gradient remained high. Due to complaints of fatigue and breathlessness (New York Heart Association - NYHA - class III) a routine transthoracic echocardiogram revealed a marked right atrial and ventricular dilation and worsening of transprosthetic gradient. Unexpectedly, an unknown ostium secundum (OS) of 14mm was detected. The transesophageic echocardiogram confirmed the OS and PV dysfunction (MTG – 10mmHg; pressure half time – 188ms). On cardiac catheterization, a QP:QS of 3.93 was measured, as well as a pulmonary vascular resistance of 2.82 UW. The patient was submitted to PV replacement and primary surgical ASD closure and showed marked improvement with respect to NYHA functional class. Post-operative transthoracic echocardiography revealed normal prosthetic mitral valve function, no residual left-to-right shunt, non-dilated right atrium and ventricle, with preserved systolic function, excluded pulmonary hypertension.

Conclusion: This case illustrates a clinical silent OS that became significant due to the increased left atrial pressure secondary to PV dysfunction.