

中文題目：下腔靜脈行心房中膈缺損 - 案例報告

英文題目：Inferior Sinus Venous Atrial Septal Defect: A Case Report

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Backgrounds: ASD secundum is the most common congenital heart disease in adult. Sinus venosus ASD is uncommon. Inferior sinus venosus ASD is less frequent than superior type. In rare condition, there may be a isolated communication between Inferior carval vein and left atrium.

Methods: case report and literature review

Results: A 68 year-old male patient with a history of heart failure , mitral regurgitation s/p cardiac surgery had had progressive and refractory dyspnea and leg edema since 3 months ago. A grade 2/6 systolic murmur was audible at left lower sternal border. The EKG showed atrial fibrillation and CXR severe cardiomegaly. Follow up cardiac echo showed dilated left atrium, good LV systolic function, Mild to moderate tricuspid, and a mitral valve prosthesis with good valve function. Cardiac echo and MRI showed a channel communicating enlarged left atrium and distended inferior carval vein(IVC) : 1 cm in width and 0.9 cm in length. Surgical consultation was done.

Conclusions: Inferior sinus venosus ASD (ISVASD) is uncommon in adult, it accounts for 4 - 11% of ASD. The anatomical relationship between IVC, atrial septum, LA, RA and branches of pulmonary veins have been evaluated in studies. The IVC have connection with RA in all pts in a study of 11 cases of surgery proved ISVASD in preoperative echocardiography. There was no IVC - LA connection noted in their cases series. In rare case reports of shunt between IVC and LA, It was difficult to explain the anomaly formation of IVC to LA connection from the point of view of embryology. But it really existed in rare cases of pediatric or adult pts with congenital heart diseases. The inferior venoatrial communication was noted in our index case and IVC to RA connection was also present .

The shunting between IVC and LA have not been described in detail in prior study. In some cases report there may be right to left shunt from inferior caval vein to left atrium that result in cyanosis or systemic oxygen desaturation. The left to right shunt from LA to IVC have never been described. In aged patient the left to right intracardiac shunt may a precipitating factor of heart failure. In this case the left to right shunt via a inferior veno-caval communication is a correctable etiology of heart failure.