

Heart Disease and Interventional Cardiology

February 25-26, 2019
Paris, France

Interv Cardiol J 2019, Volume: 5
DOI: 10.21767/2471-8157-C1-006

A BOOT SHAPED HEART

Giuliana Cimino and Giuseppe Lavatura

AOUP Paolo Giaccone, Italy

A 20 year old refugee arrived at our emergency department for the presence of recurrent episodes of breathlessness, palpitation and easy fatigue since childhood. In his country of origin, he had never undergone investigations. His family history was devoid of important and did not take any medication. The triad composed of exercise dyspnea, easy fatigue and palpitation suggested a cardiac cause and the presence of symptoms since childhood indicated that it was a systemic disease, although it could also be a rheumatic endocarditis. It showed signs of chronic malnutrition (growth retardation) and acute (body mass hypotrophy). It was plethoric, cyanotic and with severe digital hippocratism, signs that could be secondary to a congenital cyanogenic heart disease such as the tetralogy of Fallot or Eisenmenger's syndrome. The cardiovascular examination revealed a pansystolic murmur at the left inferior sternal angle, associated with a thrill: findings present in both tricuspid deficiency and interventricular septal defects. However, the absence of cannon-shot waves made tricuspid insufficiency unlikely. The second cardiac tone was intense, suggesting the presence of pulmonary hypertension. On the other hand it was single and this indicated a pulmonary stenosis. The chest radiograph revealed oligoemic lung fields and a heart shaped like a boot. At the EKG pulmonary P-waves, right axial deviation and right bundle branch block were evident. The echocardiogram, which revealed a sore taking 2 cm defect of the membranous portion of the interventricular septum with a right- left shunt; knight aorta with normal aortic diameter; right ventricular hypertrophy, right atrial dilatation and infundibular stenosis, small left ventricle; 56% ejection fraction. At this point, the combination of cyanosis, interventricular defect and pulmonary stenosis was characteristic of the tetralogy of Fallot. In cases like this, the surgical correction must be performed as soon as possible. The boy was indeed transferred to cardiac surgery, where he continued the therapeutic process, which was successful.

cimino.giuli@gmail.com