

Aneurysm Of Left Atrial Appendix Diagnosed In The Intrauterine Period

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Introduction:

Aneurysm of the left atrial appendage (LAAA) is caused by dilatation of left atrial appendage and mostly diagnosed incidentally in asymptomatic individuals. Most of the cases are congenital, The diagnosis is usually delayed until the second or third decade of life. Supraventricular tachycardia, systemic thromboembolic events, congestive heart failure may occur, and patients with such complications need intervention. Intra-uterin diagnosis is exceedingly rare. We herein present a case diagnosed during fetal echocardiography and operated successfully after birth.

Case:

Twenty-one-year old pregnant lady was referred at 36th week of pregnancy. She was at her second pregnancy with a healthy living child. The reason for referral was the visualization of a cystic lesion within the pericardial space during routine obstetric ultrasonography. Fetal echocardiography revealed the aneurysmatic dilatation of the left atrial appendage causing a large cystic lesion 3x2cm in diameter adjacent to the left atrium and left ventricle, compressing the left ventricle. Aneurysmatic sac was connected to the left atrial cavity anatomically and blood flow between the two cavities was observed by color Doppler echocardiography. There was no evidence of fetal heart failure. She gave birth to a boy weighing 3000 grams at 39th week. Postnatal echocardiography revealed the diagnosis of LAAA compressing the mitral valve and the left ventricle, mild regurgitation of the mitral valve was observed. At one month of age echocardiography showed enlargement of the aneurysm and spontaneous contrast echoes were observed within the appendage. Acetyl salicylic acid 3mg/kg/day was started in order to prevent thromboembolic events. The aneurysm was resected successfully. During 6th month, the patient was asymptomatic, thriving normally, echocardiography showed mild dilation of the left atrium and left ventricle and mild mitral regurgitation.

In conclusion, LAAA is a rare abnormality that should be considered in differential diagnosis of cystic lesions adjacent to the left sided cardiac chambers. Close clinical follow-up and surgical intervention is required in order to prevent life threatening complications.