Gigantska aneurizma aurikule lijevog atrija Giant left atrial appendage aneurysm

Ivan Aladrović^{1*},
Blanka Glavaš Konja¹,
Ivan Bitunjac²,
Joško Bulum¹,
Martina Lovrić Benčić¹,
Aleksander Ernst¹,
Bojan Biočina¹,
Jadranka Šeparović
Hanževački¹

¹Medicinski fakultet Sveučilišta
u Zagrebu, Klinički bolnički cen-
tar Zagreb, Zagreb, Hrvatska

¹University of Zagreb School of
Medicine, University Hospital
Centre Zagreb, Zagreb, Croatia

²Opća bolnica "Dr. Josip Benče-
vić", Slavonski Brod, Hrvatska

²General Hospital "Dr. Josip
Benčević", Slavonski Brod,
Croatia

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***ADDRESS FOR CORRESPONDENCE:** Klinički bolnički centar Zagreb, Kišpatićeva 12, HR-10000 Zagreb, Croatia.

Phone: +385-92-1882-524 / E-mail: ala.aladrovic@gmail.com

Aneurizme aurikule lijevog atrija su rijetke srčane anomalije koje se obično manifestiraju atrijskim tahiaritmijama i tromboembolijskim događajima. Obično su kongenitalne, iako ponekad mogu biti i stečene.

Prikazujemo slučaj muškarca u dobi od 45 godina, do sada bez težih bolesti u anamnezi, koji je hospitaliziran u našoj Klinici zbog palpitacija, dispneje i sinkope. Pri pregledu je ustanovljena sinus tahikardija 124/min, bez drugih patoloških znakova u kliničkom statusu. Rendgenska slika srca i pluća pokazala je povećanu siluetu lijeve strane srca. Transtorakalnim i transezofagealnim ultrazvukom srca te snimkom magnetne rezonancije prikazana je gigantska aneurizma aurikule lijevog atrija (4,9x4,5x9,2cm) bez intraluminalnog tromba, obuhvaćajući anterolateralnu stijenku lijevog ventrikla, smanjujući punjenje u diastoli te time uzrokujući umjerenu diastoličku disfunkciju. Sistolička funkcija je bila normalna, kao i valvularni aparat. 24-satni Holter EKG nalaz je potvrdio sinusni ritam s čestim epizodama supraventrikularne tahikardije i četiri epizode atrijske fibrilacije. U terapiju je uveden amiodaron, a na kontrolnom nalazu Holter EKG-a nije bilo značajnih tahiaritmija. Koronarografski nalaz je bio normalan.

Pacijent je podvrgnut uspješnoj kirurškoj aneurizmektomiji i otpušten je bez rekurentnih simptoma, a na kontrolnom nalazu 24-satnog Holter EKG-a, mjesec dana nakon otpusta, nisu zabilježene klinički značajne aritmije.

Left atrial appendage aneurysms are rare cardiac anomalies and are usually congenital in origin even though sometimes can be acquired. They usually present with atrial tachyarrhythmias, dyspnea, chest pain, syncope and thromboembolism. Surgical resection is usually curative and includes aneurysmectomy with or without maze procedure.

We present a case of 45-year-old man with no prior history of diseases who was admitted to our Department because of palpitations, dyspnea and syncope. He presented with sinus tachycardia 124/min with no other remarkable clinical examination signs. Chest radiography showed enlarged left-side cardiac silhouette. Both transthoracic and transesophageal echocardiography and cardiac MR showed giant left atrial appendage aneurysm (4,9x4,5x9,2cm) without intraluminal thrombus, wrapping anterolateral wall of the left ventricle, reducing its diastolic filling with consecutive slight diastolic dysfunction. Systolic function was normal as well as cardiac valves. 24-hour Holter ECG confirmed sinus rhythm with frequent episodes of supraventricular tachycardia and four episodes of atrial fibrillation. Amiodarone was introduced with no significant episodes of tachyarrhythmias on control 24-hour ECG. The coronary angiography showed no signs of coronary arteries disease.

Finally, the patient underwent successful surgical aneurysmectomy and was discharged with no recurrence of symptoms and arrhythmias on 24-hour Holter ECG on 1 month follow-up.

FIGURE 1.

Preopera-
tive and
postopera-
tive echocar-
diographic
examination.

LV= left ventricle,
LA= left atrium,
An- aneurysm.

LITERATURE

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