IMAGES IN CARDIOLOGY.....

Common atrium in a child with Ellis-Van Creveld syndrome 2002;88:142-142

A 9 year old girl presented with dyspnoea on exertion. General examination showed short stature, polydactyly with clinodactyly, hypoplasia of the nails (below left), gingival hypertrophy, and multiple frenula which are characteristic of Ellis-Van Creveld syndrome. Cardiovascular examination showed features of left to right shunt at atrial level. An ECG revealed left axis deviation of the QRS complex. A transthoracic echocardiogram (below right) from apical four chamber view showed absence of echos from any part of the interatrial septum, which is diagnostic of a common atrium.

Ellis-Van Creveld syndrome is a relatively rare skeletal dysplasia considered mainly as a generalised disorder of the maturation of

enchondral ossification. Congenital heart disease occurs in approximately half of the patients with Ellis-Van Creveld syndrome, 60% of which is a common atrium. Common atrium is a rare variety of interatrial communication characterised by absence or virtual absence of the atrial septum, vestigial remnants of which may be occasionally present. Left axis deviation of the QRS complex is usually seen in the ECG.

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Effect of coronary angioplasty on "stunned" myocardium

A 64 year old ex-smoker with a past history of hypertension presented to the chest pain fast track clinic with a one month history of increasing breathlessness on exertion. He underwent treadmill exercise testing, and managed only 59 seconds of the Bruce protocol before developing breathlessness, ST segment elevation in leads II, III, avF, and then non-sustained ventricular tachycardia. In view of the severity of his symptoms and the changes on the exercise ECG, in-patient cardiac catheterisation was performed. This showed a 99% stenosis of the dominant right coronary artery (left hand panel). Left ventricular angiogram demonstrated akinesia of the inferoapical region (video sequence 1). The right coronary artery lesion underwent angioplasty and a 3.5 x 13 mm Coroflex stent was deployed with an excellent final result (right hand panel). Immediately following stent insertion, a further left ventricular angiogram was performed, demonstrating complete resolution of the inferoapical akinesia (video sequence 2). Following angioplasty the patient's symptom of exertional breathlessness has resolved.

These images show that critical ischaemia can lead to significant, but completely and

immediately reversible, stunning of the myocardium. This is likely to be the pathological basis for the "anginal equivalent" of breathlessness, rather than chest pain, on exertion

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www.heartjnl.com