

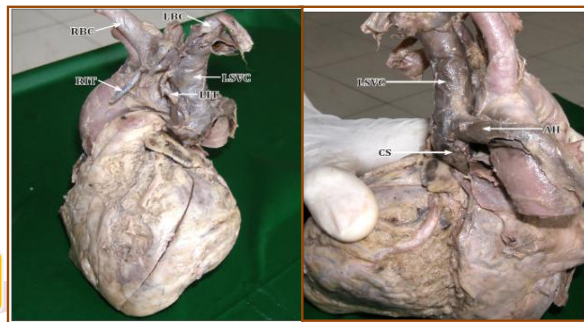
VIDEO COMMENTARY ON  
**“IMAGING THE CORONARY SINUS”**



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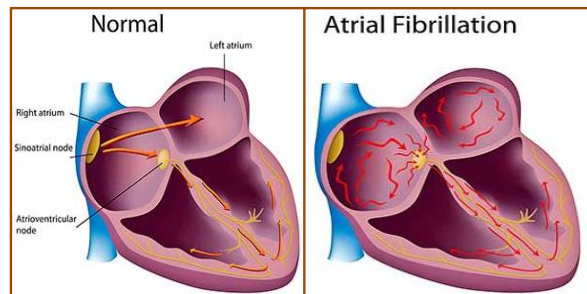
- A persistent PLSVC results from failure of the left anterior cardinal vein to obliterate.
- It is the commonest variation in the anomalous venous return of the heart.
- Dilated Coronary sinus on ECHO confirmed by saline contrast echocardiography.
- Increased likelihood of CHD if there is no right-sided SVC or if the LSVC drains into the left atrium (LA).
- TEE is more accurate in visualizing these posterior cardiac structures and provides better delineation of coronary sinus.
- Coronary sinus diameter -  $6.6 \pm 1.54-10$

**Coronary sinus width > 2cm is suggestive of LSVC**



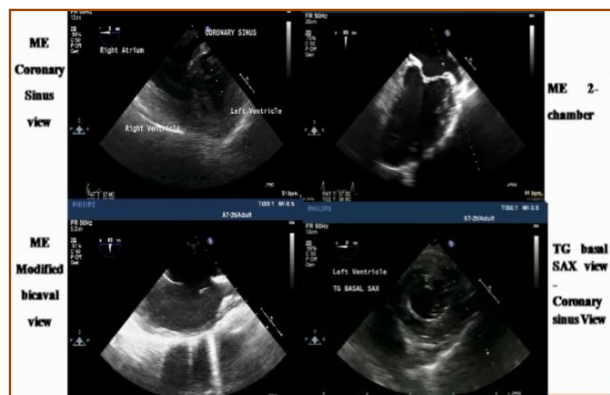
- LSVC drains directly into the CS leading to CS dilation
- “Bubble study” from left upper extremity will demonstrate CS contrast followed by RA contrast
- A negative bubble contrast test does not exclude the possibility of a left SVC, since a large in nominate vein and small left SVC can coexist.
- Standard TEE Views for Coronary Sinus are:

- ME coronary sinus view
- ME 2 chamber view
- ME modified bicaval view
- TG basal short axis view (coronary sinus view)



**Atypical LSVC drainage into the LA results in:-**

- A right to left shunt,
- cyanosis,
- paradoxical thromboembolism,
- air and septic embolism



Full Video Commentary available at [www.blog.annals.in](http://www.blog.annals.in) and [www.annals.in](http://www.annals.in)