Image Puzzle - Answer

Neth Heart J (2020) 28:358–359 https://doi.org/10.1007/s12471-020-01402-4



Surprising finding of right-to-left shunt revealed with computed tomography angiography

M. Kardos · M. Sagat · M. Kaldararova · P. Tittel · M. Nosal

Published online: 10 March 2020 © The Author(s) 2020

Answer

Performed computed tomography angiography confirmed the presence of a direct communication between the right pulmonary artery (RPA) and the left atrium via a sac, known as a right pulmonary to left atrium fistula (RPA-LAF) (Fig. 1). No transcatheter closure was planned because of fear of a device embolisation.

The patient underwent open heart surgery with ligation of mentioned fistula. His postoperative course was uneventful and he was discharged home 5 days later. His echocardiogram prior to discharge showed no residual fistula and unobstructed flow in pulmonary artery branches and veins.

Direct communication between the right pulmonary artery and left atrium via a sac represents an unusual variation of a left-to-right shunt. A congenital right pulmonary artery to left atrium fistula usually involves the proximal right pulmonary artery or its lower lobe branch. A fistula between the right pulmonary artery and left atrium may cause cardiac failure in utero. This congenital heart defect can be treated surgically and in selected cases can be performed with transcatheter closure. In fact, there are only about 50 cases reported in the medical literature. Here we present a case of this pulmonary arteriovenous malformation, which was treated surgically [1, 2].

M. Kardos (\boxtimes) · M. Kaldararova · P. Tittel Department of Functional Diagnostics, Children's Cardiac Center, Bratislava, Slovakia kardi.marek@gmail.com

M. Sagat \cdot M. Nosal Department of Cardiac Surgery, Children's Cardiac Center, Bratislava, Slovakia



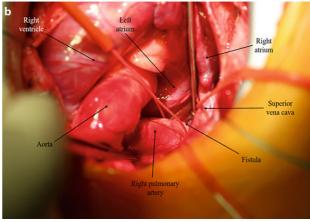


Fig. 1 a Asterisk showing presence of fistula between the right pulmonary artery and the left Atrium. **b** Intraoperative image of surgical ligation of this fistula



Image Puzzle - Answer

Author Contribution M. Kardos was the major contributor in writing the manuscript and was also involved in drafting the manuscript. All authors read and approved the final manuscript.

Conflict of interest M. Kardos, M. Sagat, M. Kaldararova, P. Tittel and M. Nosal declare that they have no competing interests.

Ethical standards Permission to publish this case report was obtained from the parent(s) of the subject patient.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were

made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

- Sarkar A, Chandra N, Majhi B, et al. Rare Variant of Pulmonary Arteriovenous Fistula. J Am Coll Cardiol. 2013;62:9.
- 2. Jain VK, Jain SG, Shah PJ, et al. "Anomalous right pulmonary artery left atrial fistula": Growth in vain. Egypt J Radiol Nucl Med. 2015;46:897–8.

