IMAGES IN CARDIOLOGY

Cribriform Atrial Septal Aneurysm

Nicola Vistarini, MD, Marco Aiello, MD, Mario Viganò, MD Pavia, Italy







From the Cardiac Surgery Department, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy. Manuscript received January 30, 2009; accepted February 17, 2009. 59-year-old man had a history of paroxysmal atrial fibrillation and transient ischemic attacks. Transthoracic echocardiography was performed and showed a bulky atrial septal aneurysm (A, arrows) associated with multiple jets on color Doppler (B, Online Video 1), proving a left-to-right shunt through a multiperforated atrial septum. Transcatheter device closure is unsuitable in this setting, and the patient was referred to our department for surgical closure. The correction was made under cardiopulmonary bypass, the aortic clamping was obtained with an endovascular clamp, and surgery was performed through a small 5-cm right thoracotomy in the fourth intercostal space. The aneurysmal septum was a thin cribriform membrane (C); therefore, it was completely resected and replaced by an autologous pericardial patch. The post-operative course was uneventful, and the patient was discharged on post-operative day 5.