

سُورَةُ الْأَنْبِيَاءِ

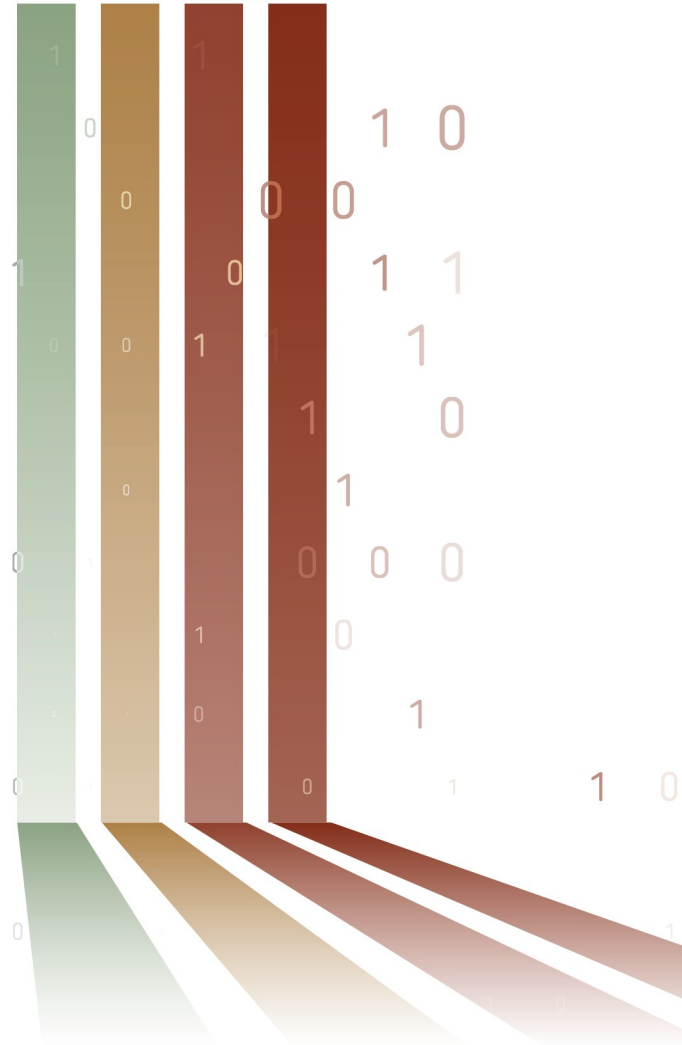
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

فَفَهَّمْنَهَا سُلَيْمَنُ وَكُلًّا ؕ آتَيْنَا حُكْمًا وَعِلْمًا وَسَخَّرْنَا
مَعَ دَاوُدَ الْجِبَالَ يُسَبِّحْنَ وَالطَّيْرَ وَكُنَّا فَاعِلِينَ ﴿٧٩﴾

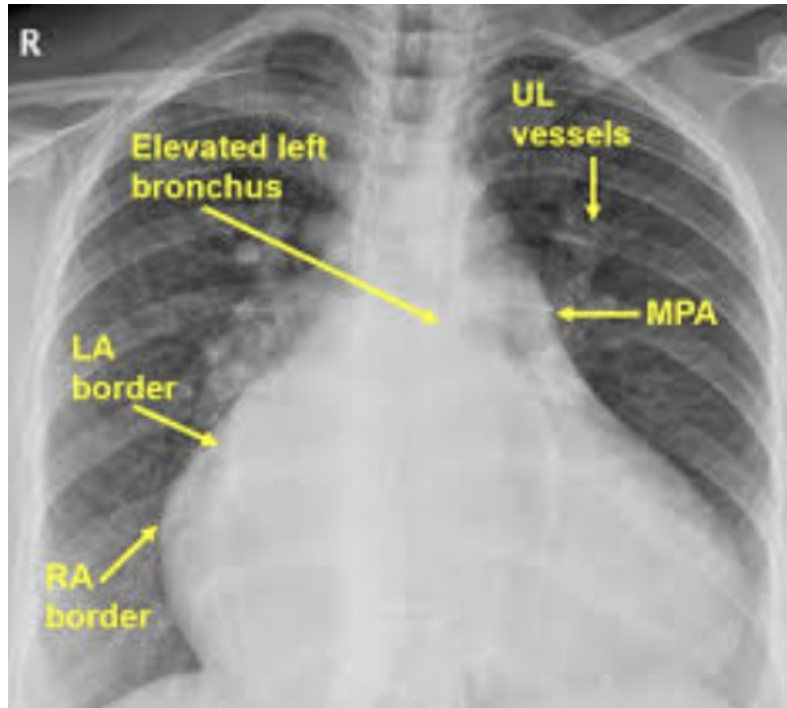
Cardio

Case (1)

History: A 13-years-old girl with chronic cough



Left atrial enlargement



Acyanotic heart diseases:

↑↑ pulmonary vasculature:

- 1-ASD (↑RA)
- 2-VSD (↑LA)
- 3-PDA (↑LA)
- 4-ECD



Direct signs:

Double density sign

Oblique measurement > 7 cm
(measured from midpoint of LT main bronchus to the RT border of the LT atrium)

Indirect signs:

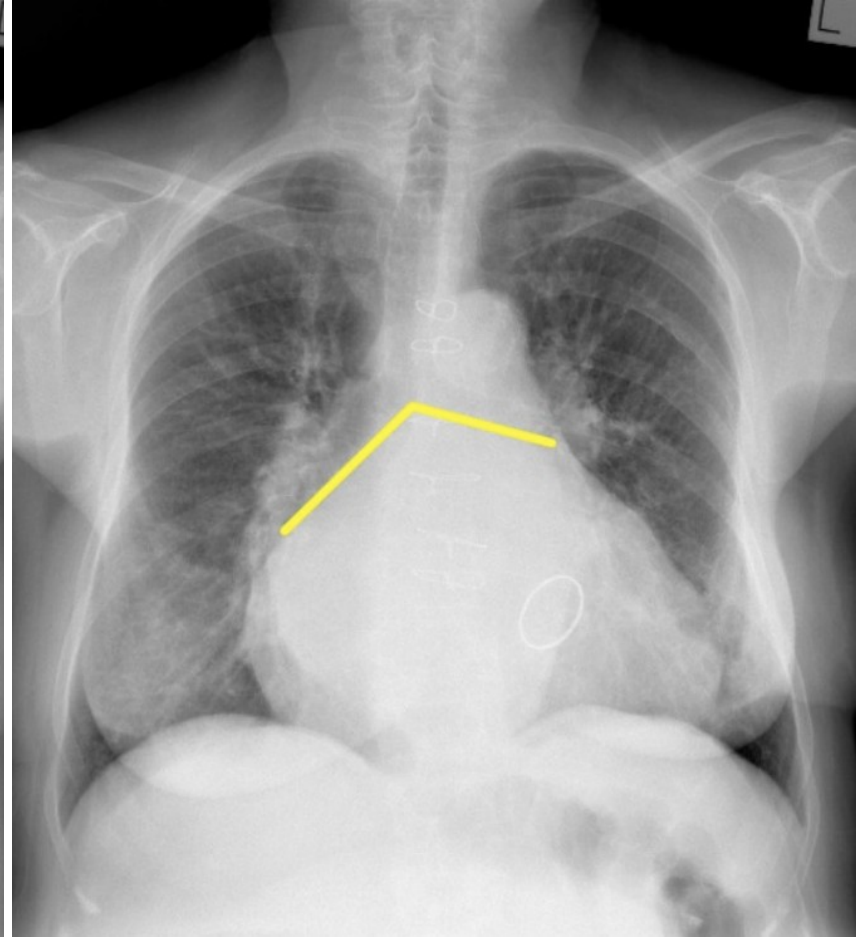
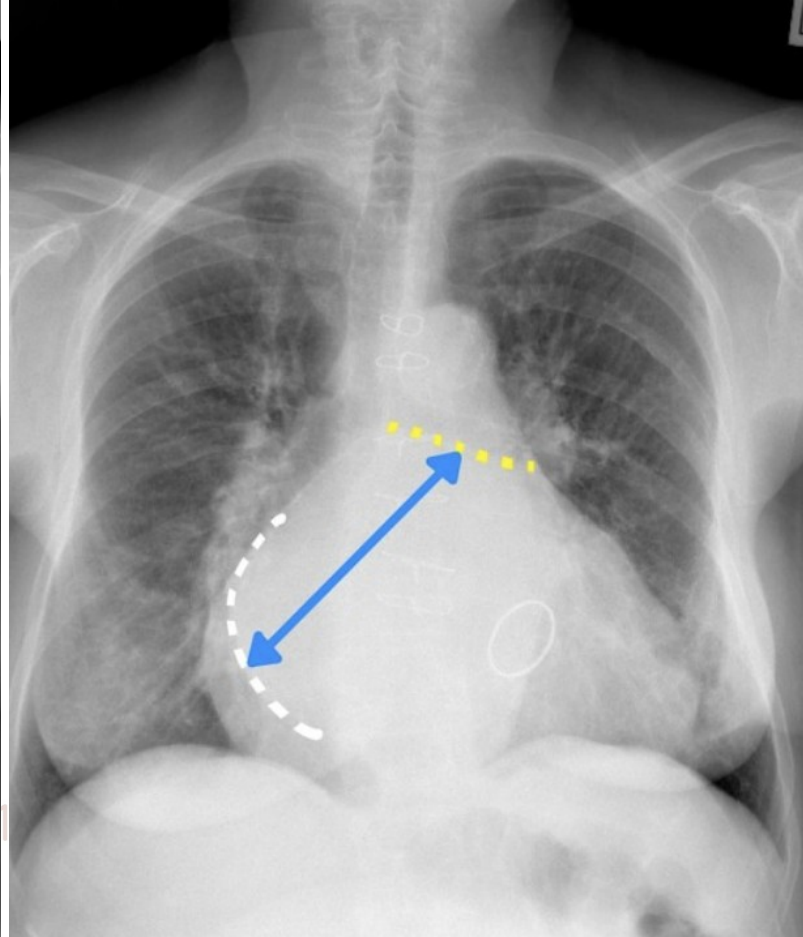
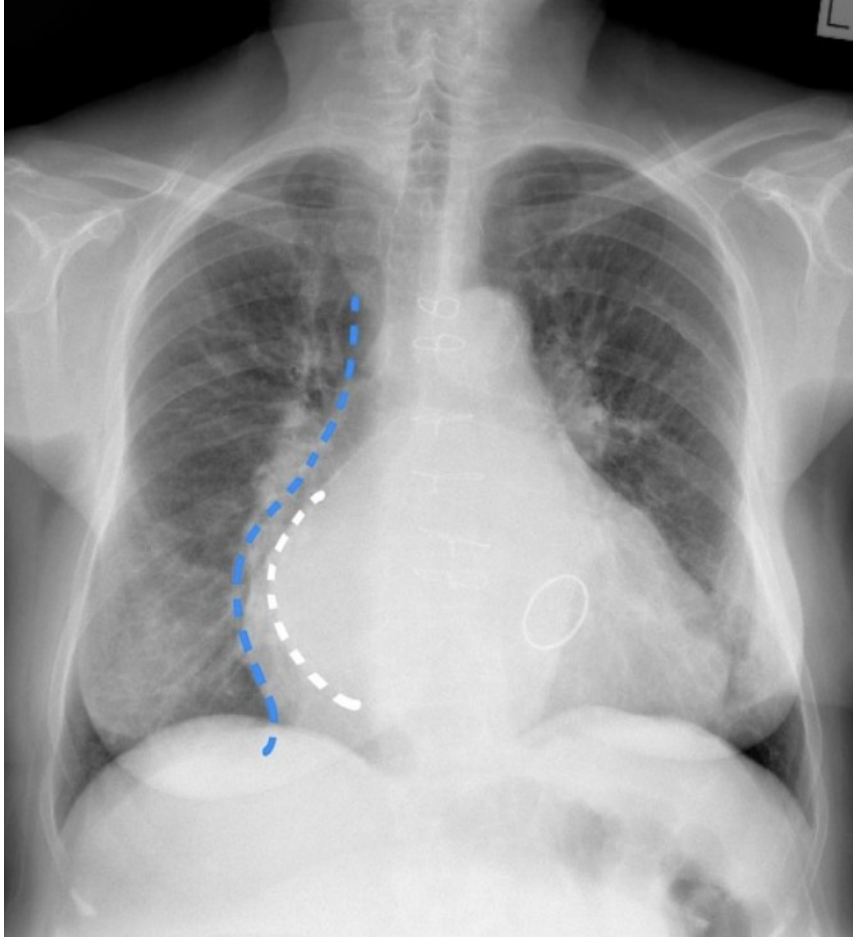
Splaying of the carina, ↑↑
tracheal bifurcation angle ($>90^\circ$)

Elevation of the LT main bronchus

Causes:

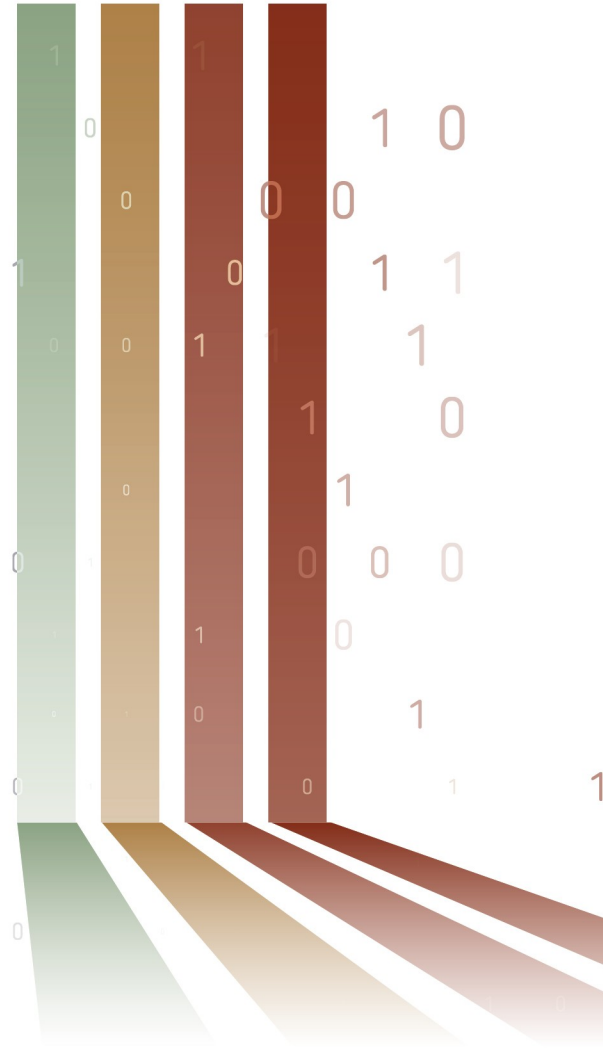
Congenital (VSD/ PDA)

Acquired (mitral stenosis/ mitral regurge/ LV failure/ AF)

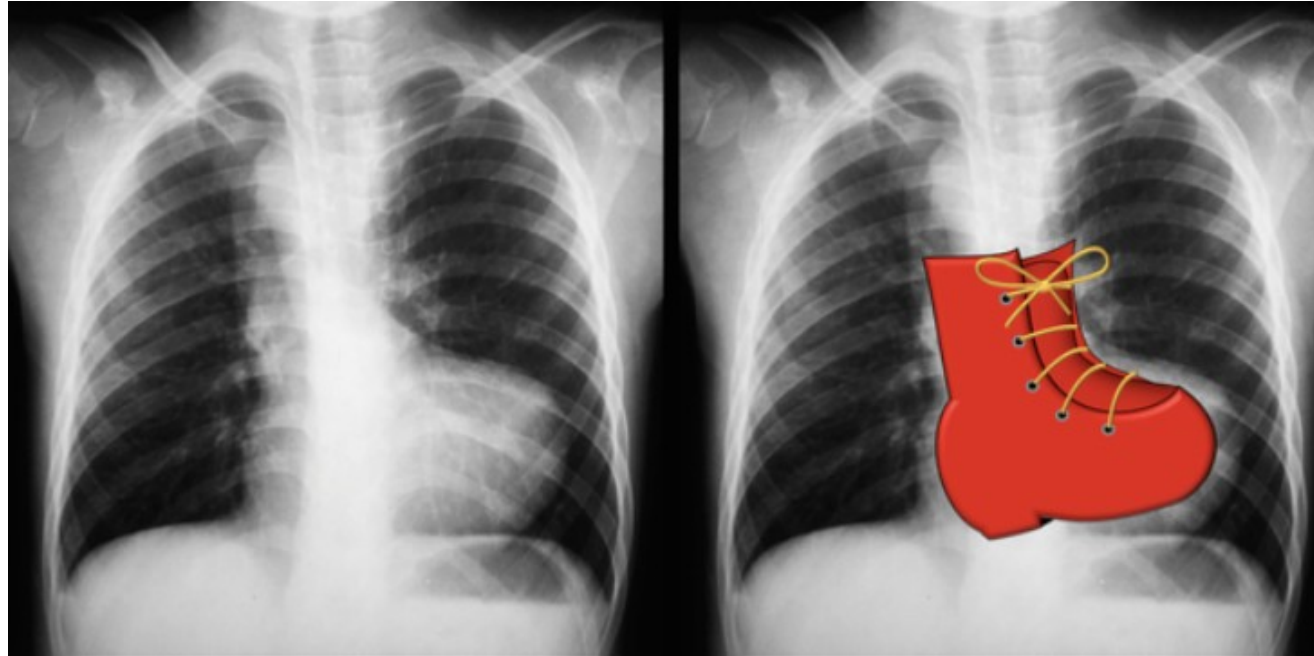


Case (2)

History: A 2-years-old girl with cough



Tetralogy of Fallot + RT sided aortic arch



Tetralogy of Fallot:

RT ventricular
outflow obstruction

RT ventricular
hypertrophy

VSD

Aorta over-riding the
VSA

RT sided aortic arch
(25% of cases)

X-rays:

Elevate cardiac apex
(boat-shaped heart)

↓↓ pulmonary
vasculature

Cyanotic heart diseases:

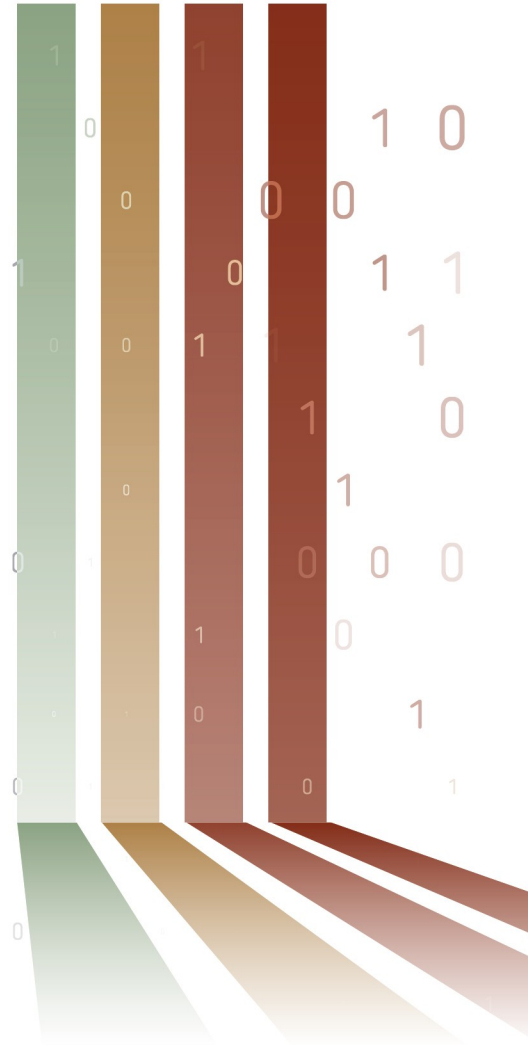
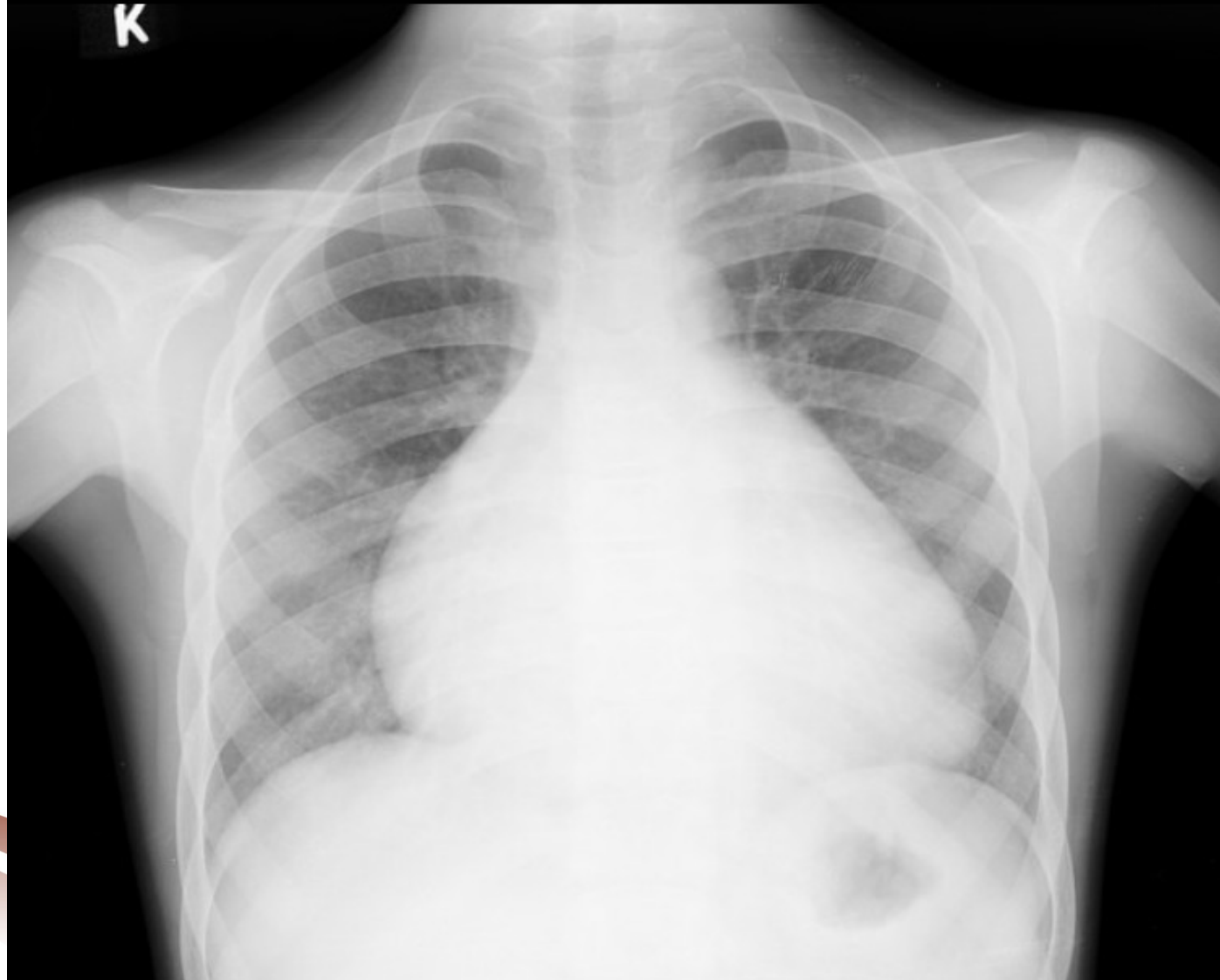
1-↓↓ pulmonary vasculature with cardiomegaly: Ebstein anomaly

2-↓↓ pulmonary vasculature without cardiomegaly: TOF

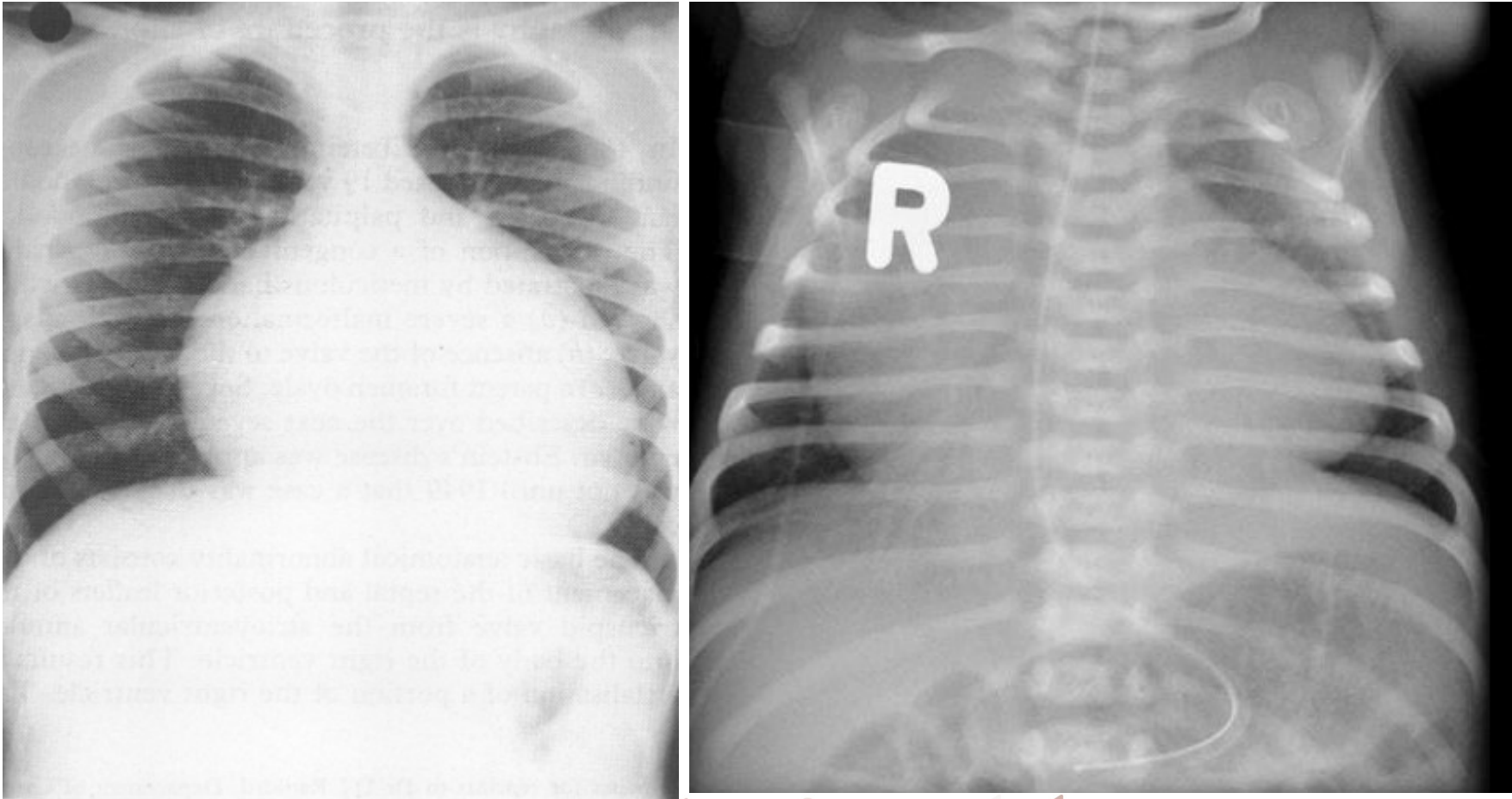
3- ↑↑ pulmonary vasculature (TGV, Tricuspid A, truncus A, TAPVR, Single V)

Case (3)

History: A 15-years-old male with dyspnea



Ebstein anomaly



Ebstein anomaly

↓↓ pulmonary vascularity +
cardiomegaly + ASD

Malformation of the
tricuspid valve especially
(septal & posterior leaflets)
>> apical displacement >>
obstruction of the
pulmonary valve >> RT
ventricular outflow
obstruction >>

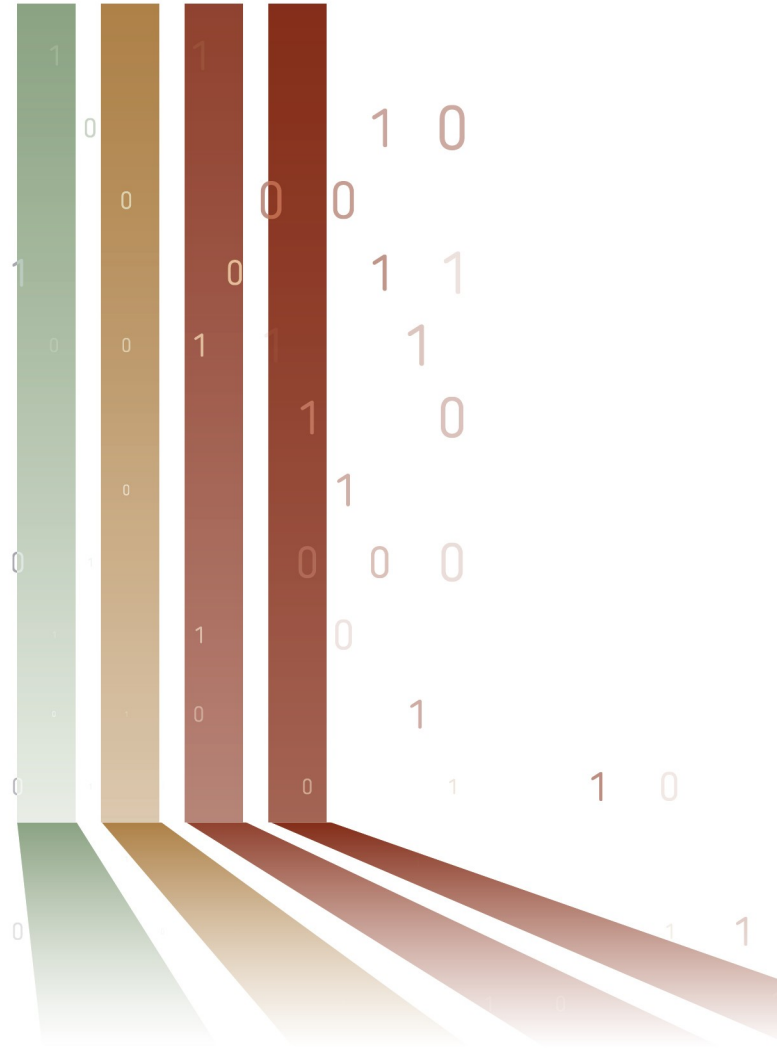
Arterialization of the RV

X-rays:

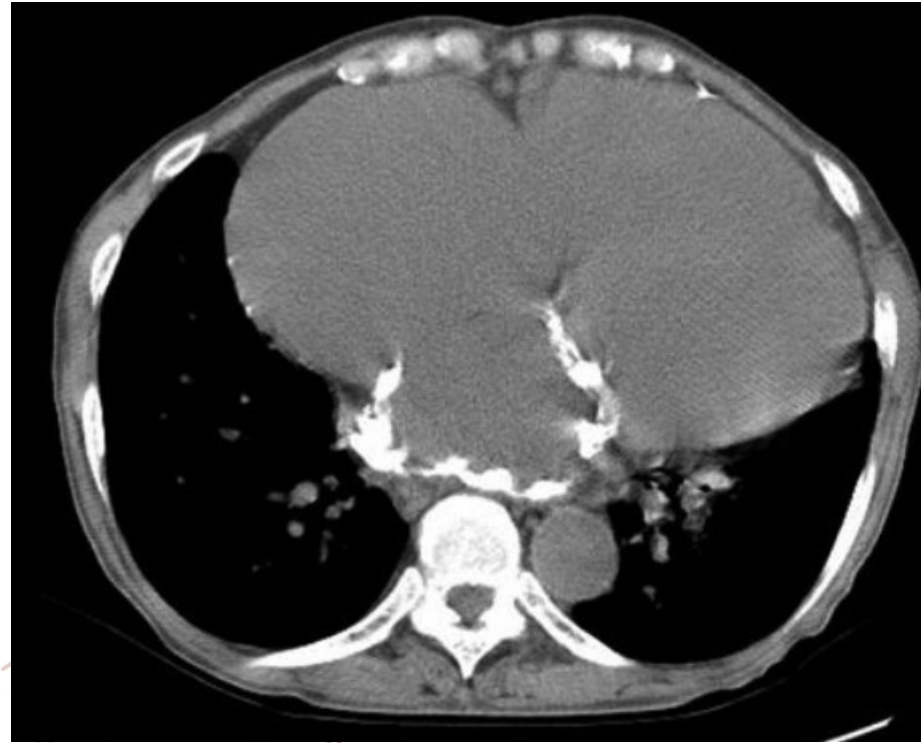
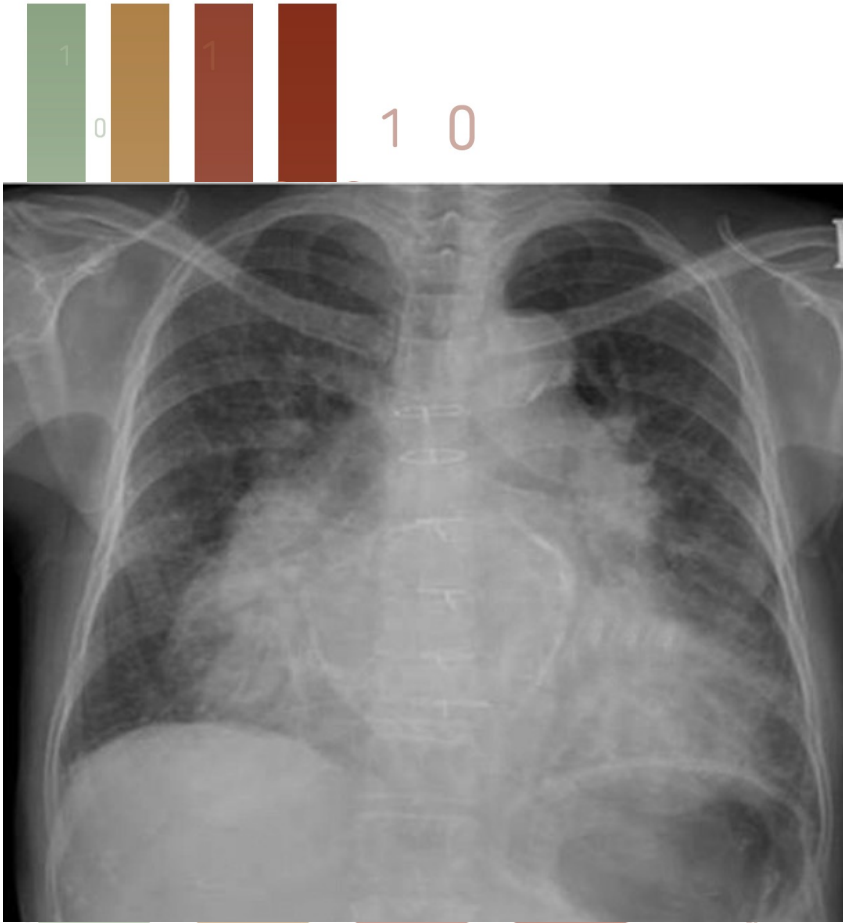
Box-shaped heart

Case (4)

History: A 67-years-old female presented with CHF



Enlarged calcified LT atrium + artificial mitral valve



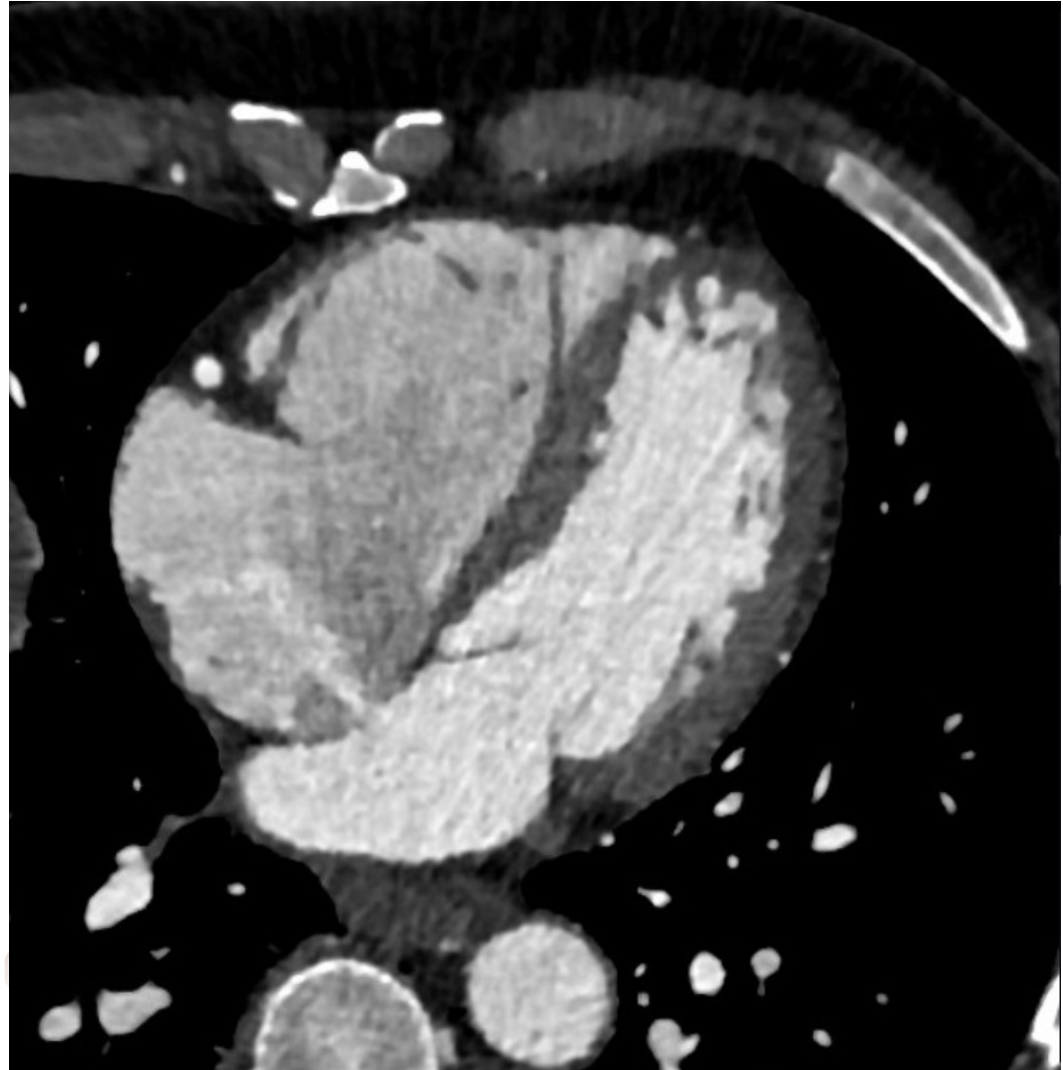
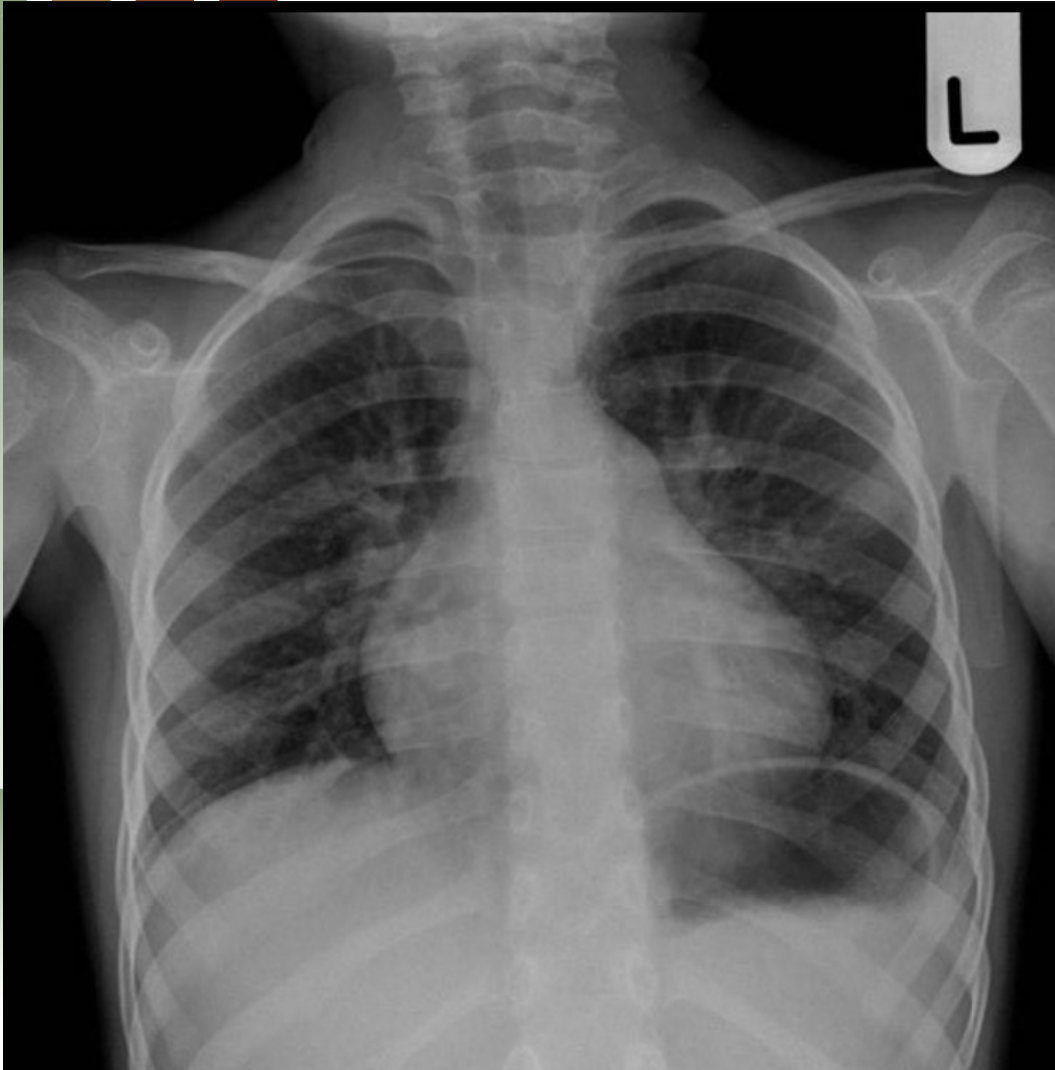
DD:

Enlarged calcified LT atrium:

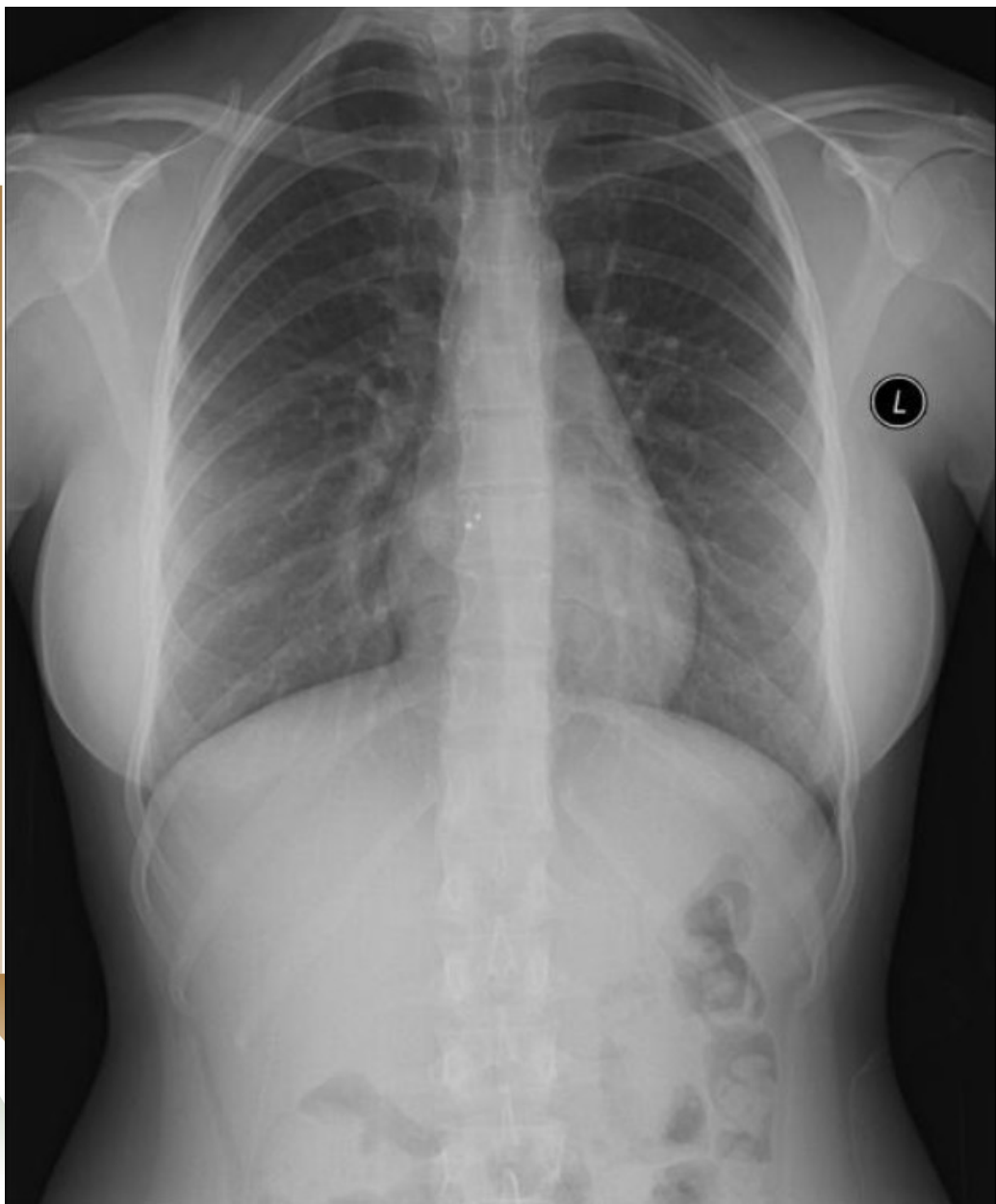
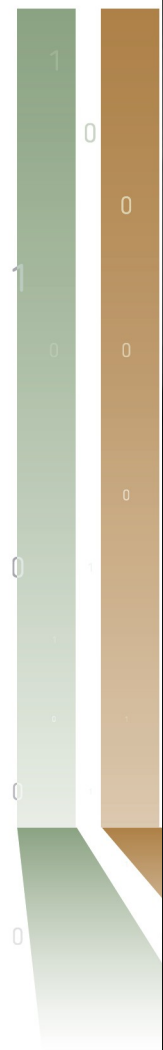
- 1-Long-standing rheumatic valvular heart disease (e.g. history of mitral valve replacement)
- 2-Constrictive pericarditis + pericardial calcification (TB)
- 3-Pericardial effusion

Case (5)

History: A 15-years-old male presented with shortness of breath



See next
images



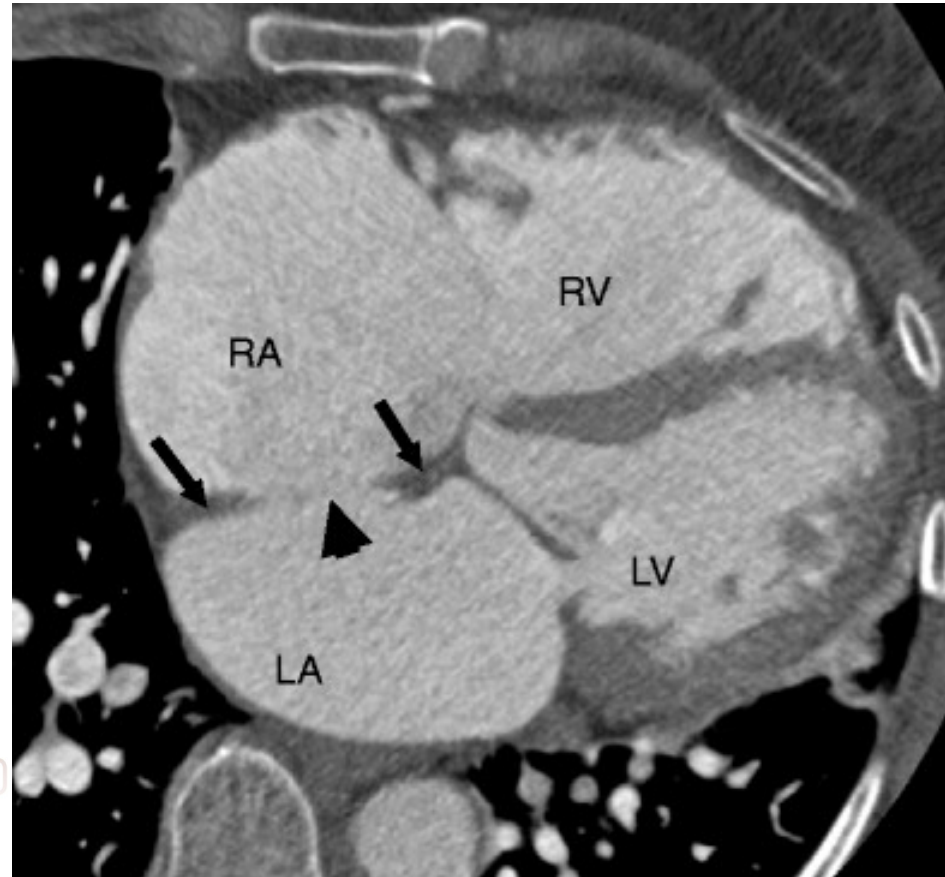
ASD before and after endovascular treatment

ASD

X-rays:

The heart is slightly larger than normal

Prominence of the central pulmonary vasculature (pulmonary hypertension + its signs)

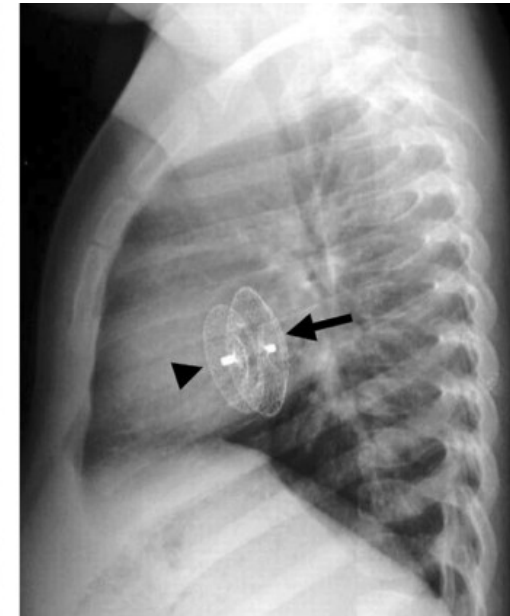
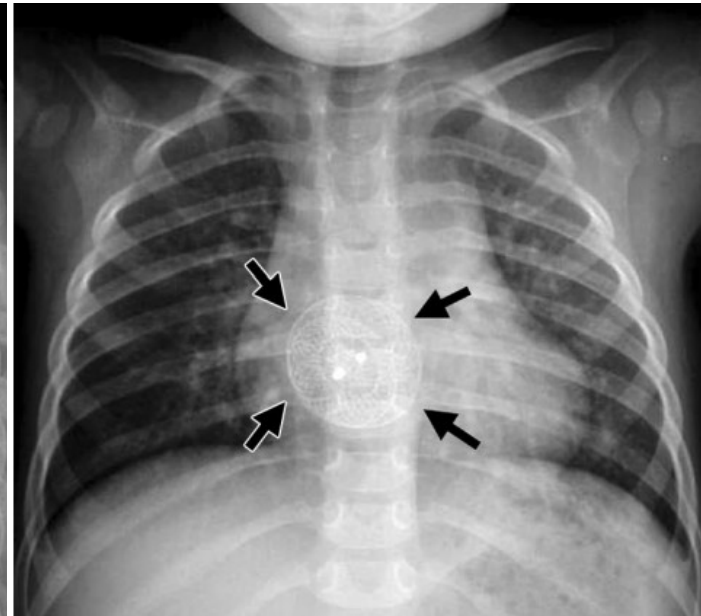
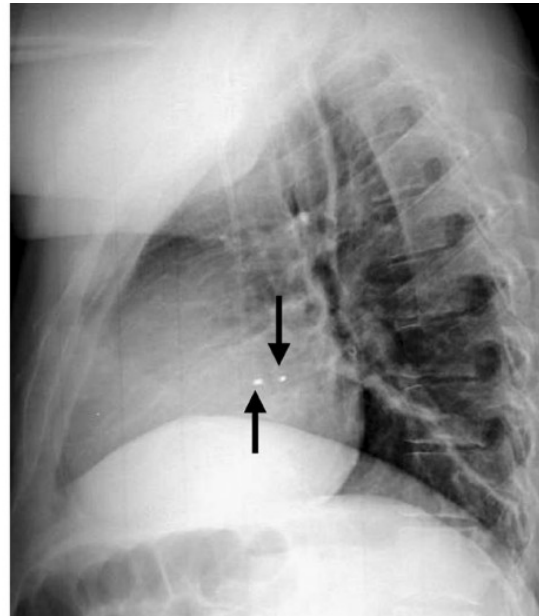
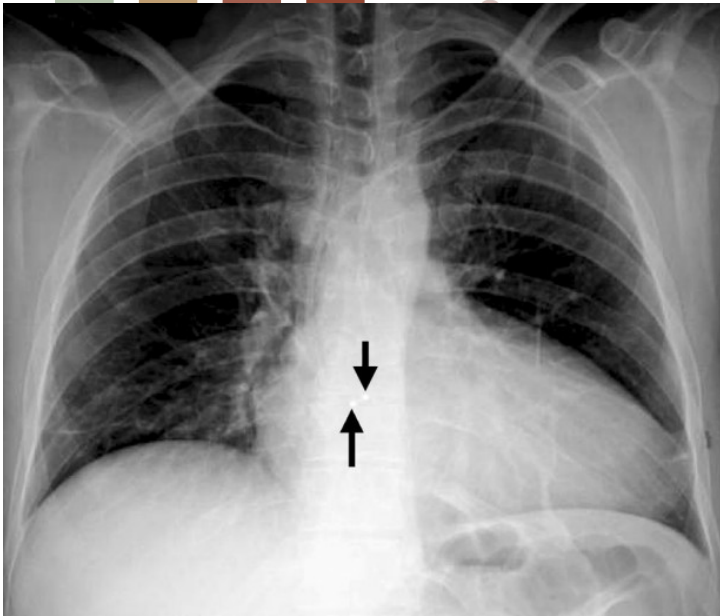
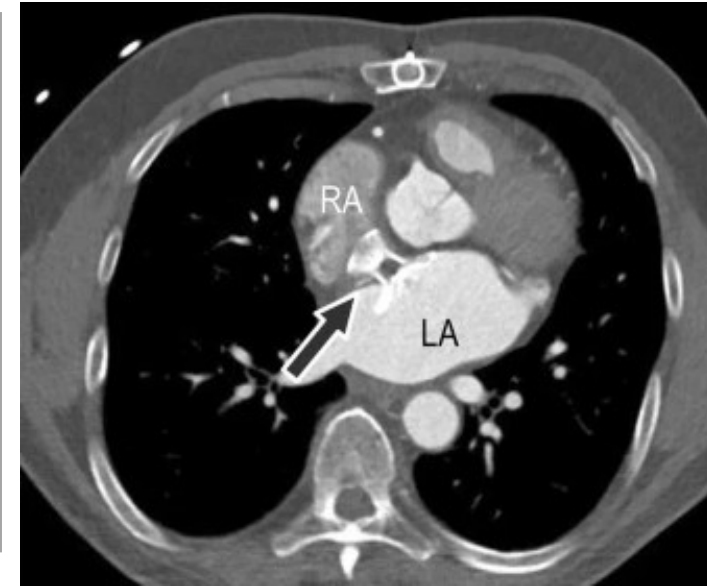


Treatment:

There are many ASD closure devices ,most have the appearance of a butterfly

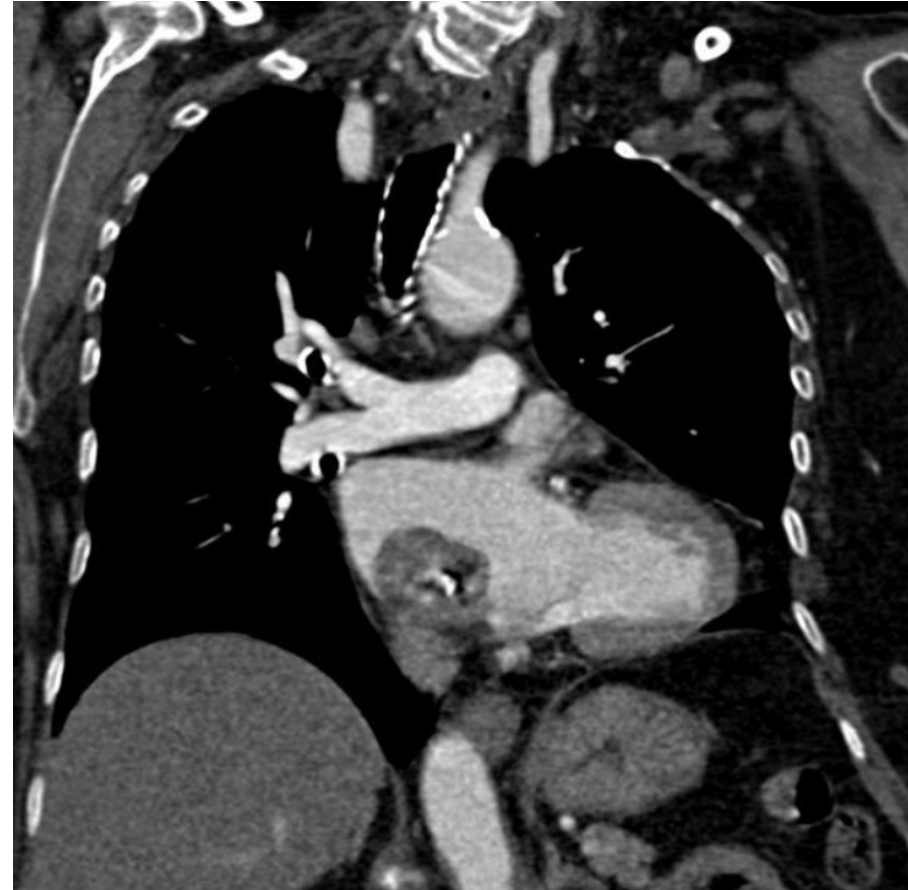
Inserted via endovascular route

The amplatzer septal occlude is a nitinol double disk shaped device used for percutaneous closure of ASD

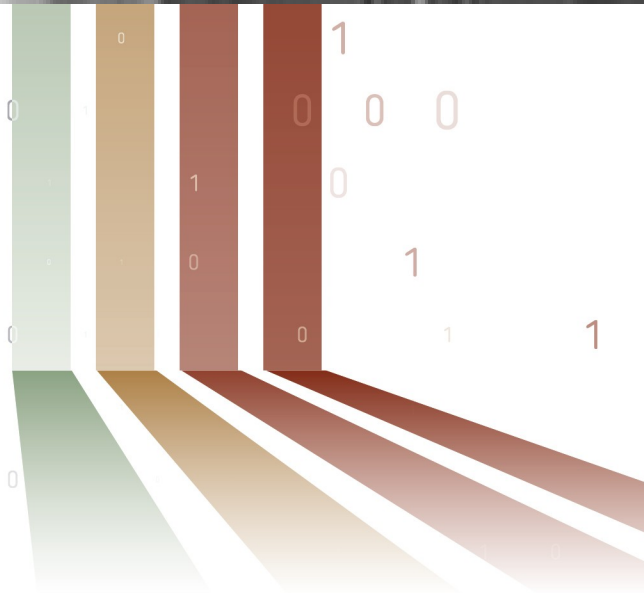
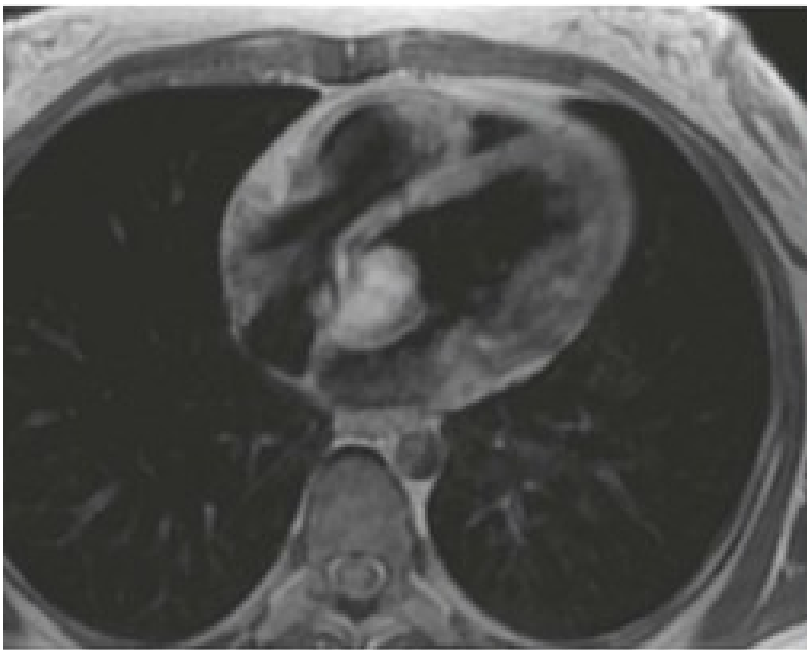
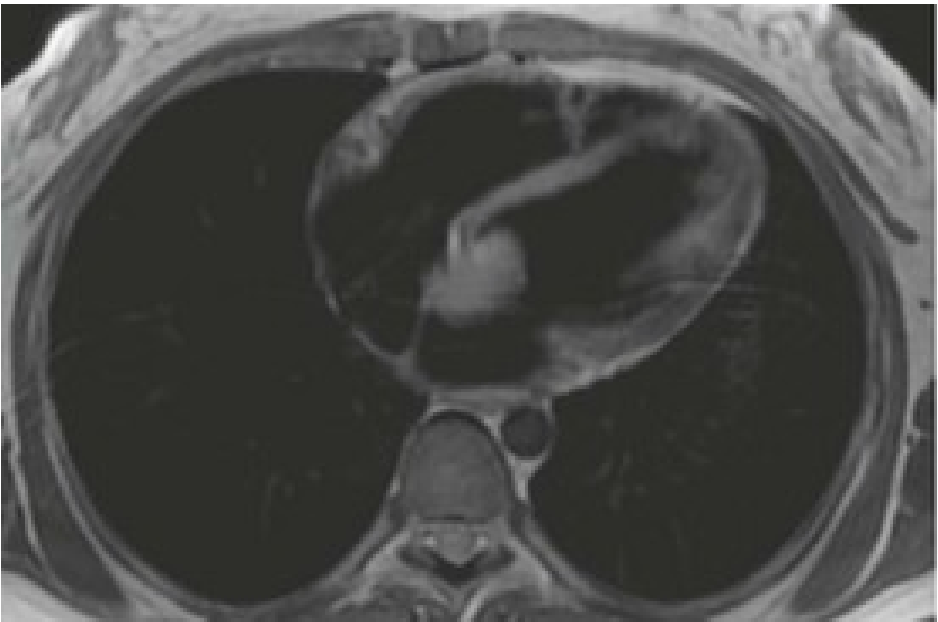


Case (6)

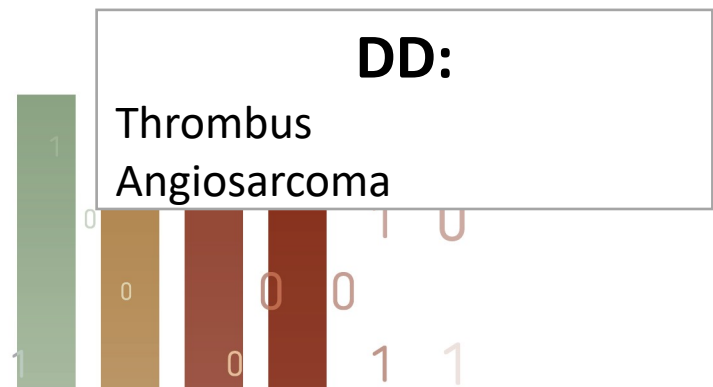
History: A 76-years-old female presented with features of an embolic stroke



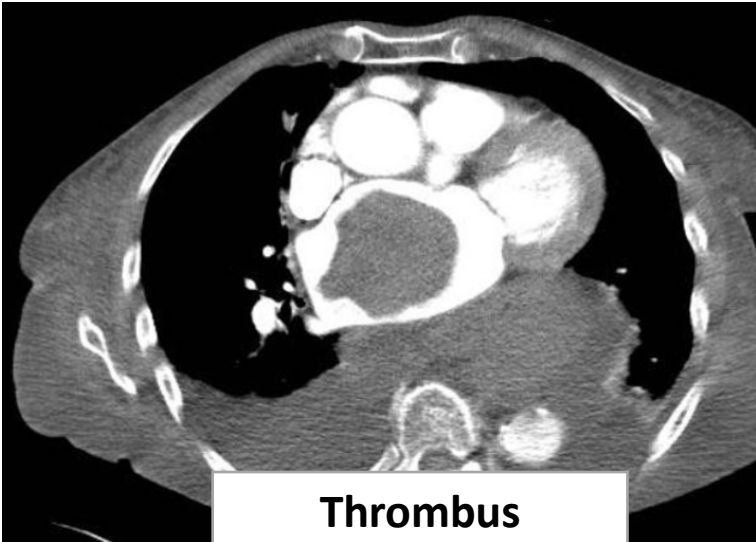
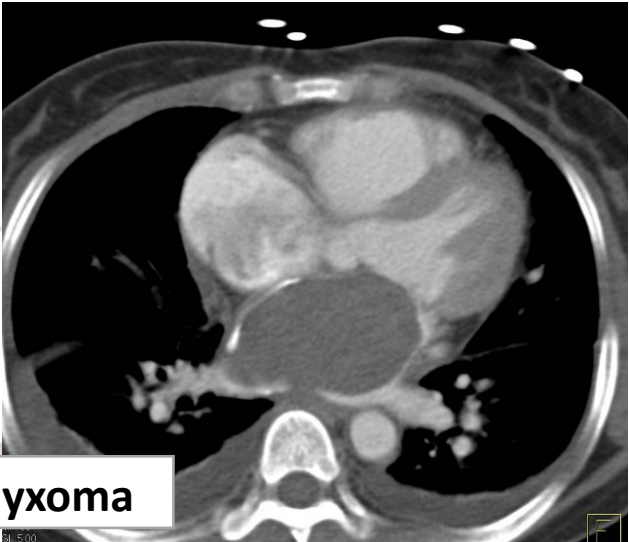
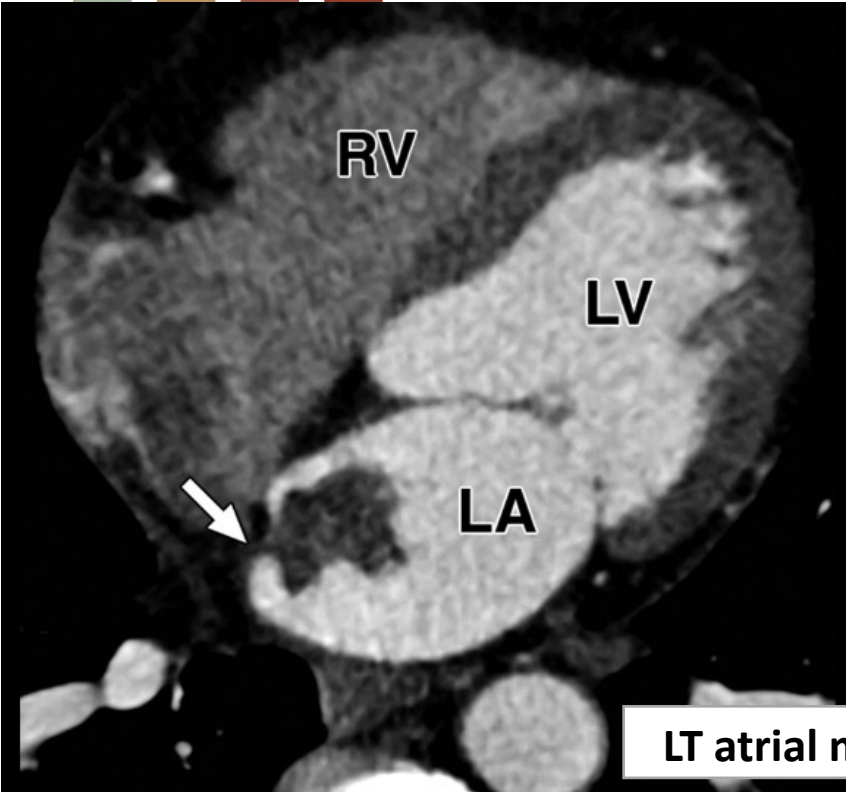
Next step?



Left atrial myxoma

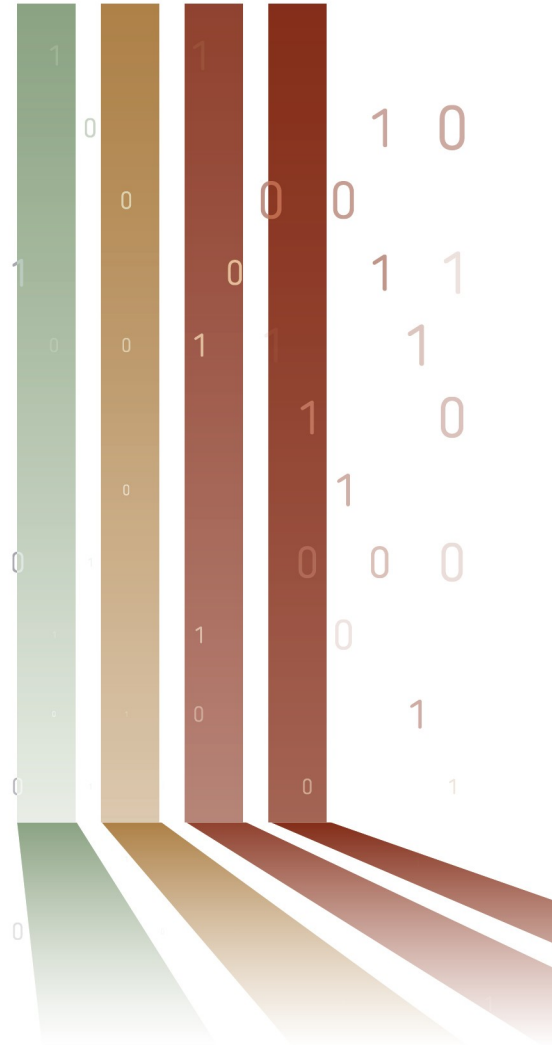


	Thrombus	Left atrial myxoma
Origin	Left atrial appendage	Interatrial septum (fossa ovalis)
Complications	Distal embolism: stroke	Cardiac arrhythmia/ embolic complications/ intracranial aneurysm
Enhancement	No	Uptake early (late no ++)
MRI	Low in T2	High in T2
Management	Anticoagulant	Surgical



Case (7)

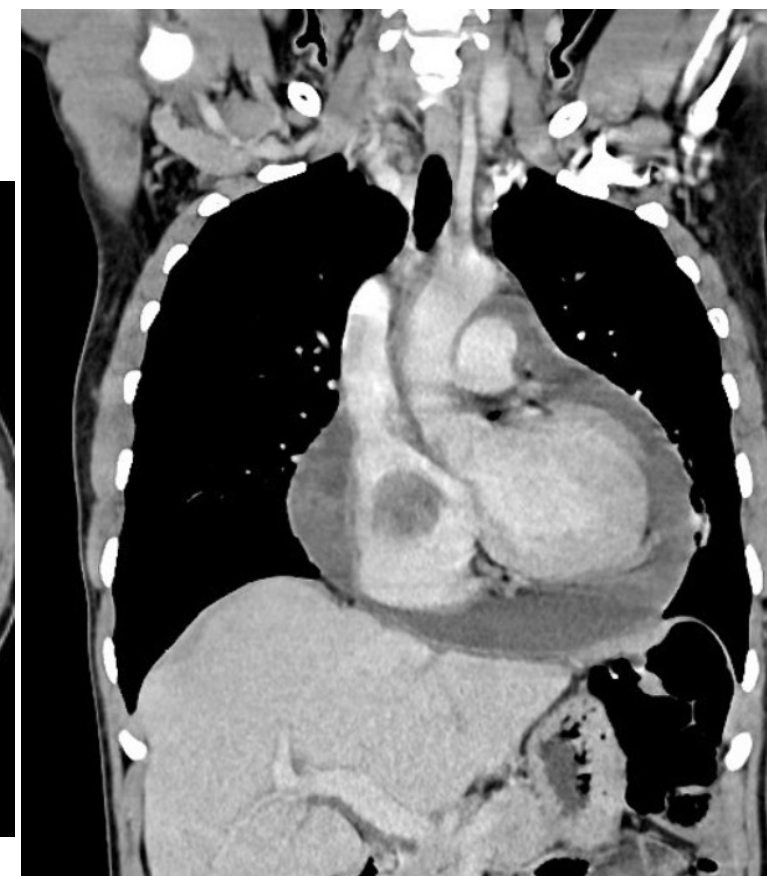
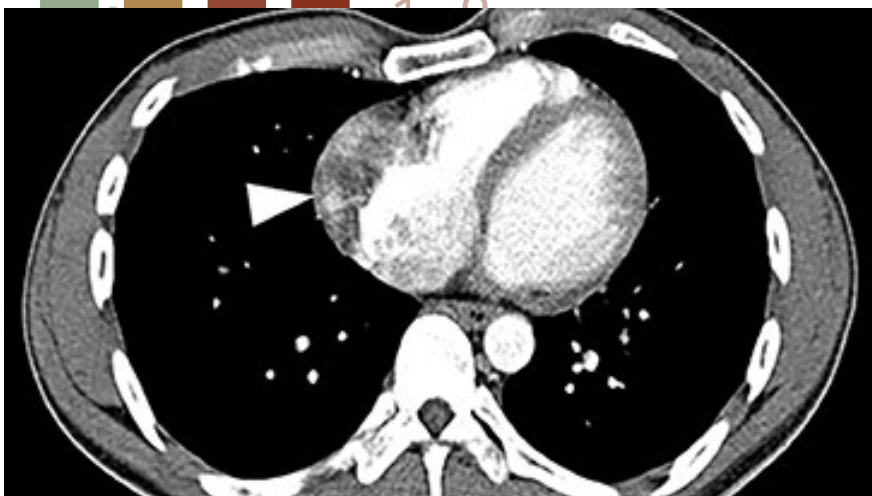
History: A 17-years-old female previously healthy, experienced fatigue and dyspnea



Cardiac angiosarcoma

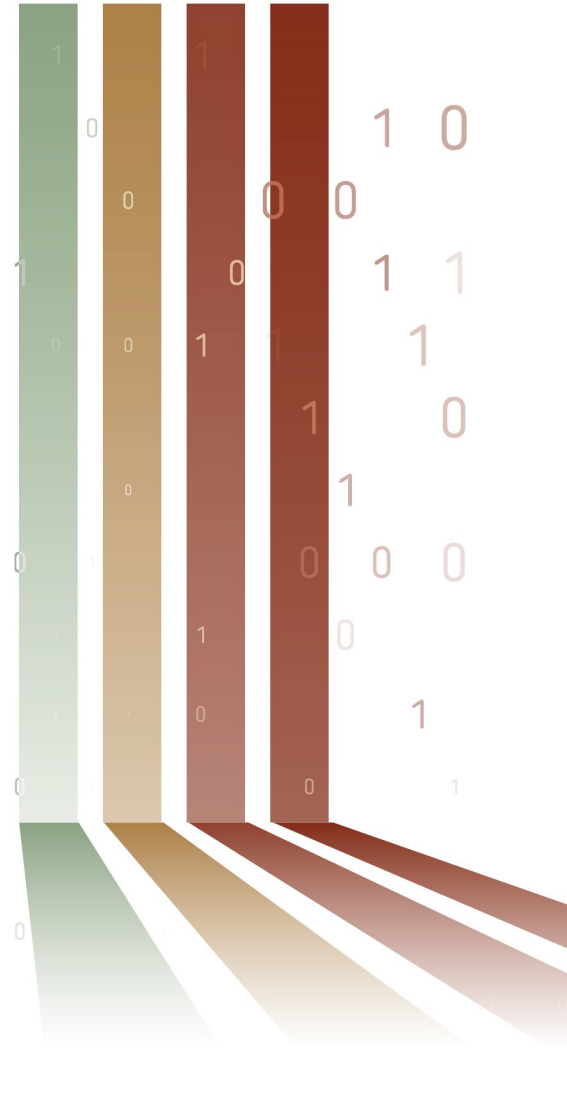
In this case:

Infiltrative cardiac expansive lesion, centered on the right atrium, invading the superior vena cava + innumerable solid pulmonary nodules, bilateral, suggestive of involvement secondary dissemination



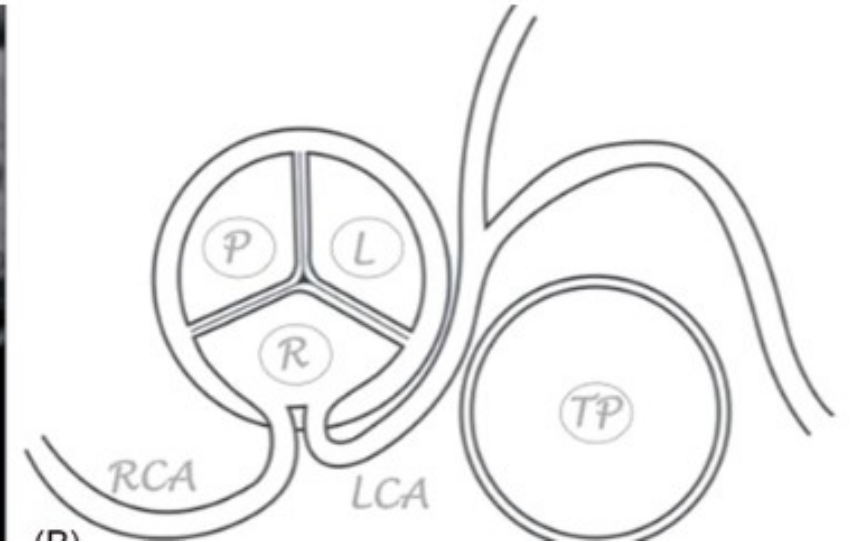
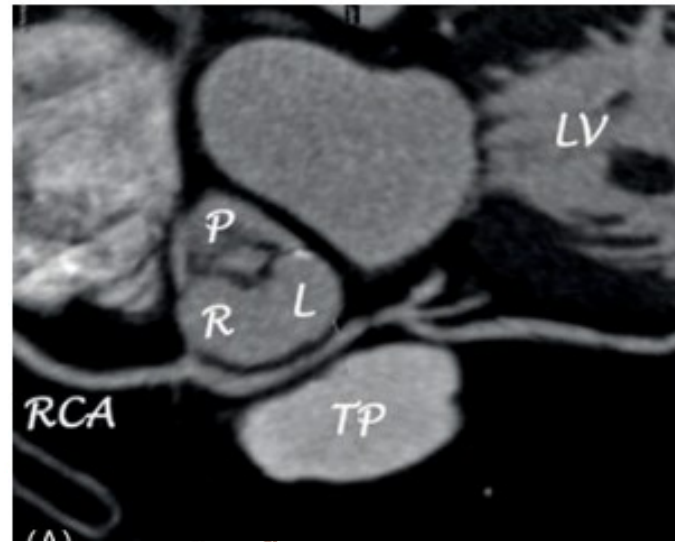
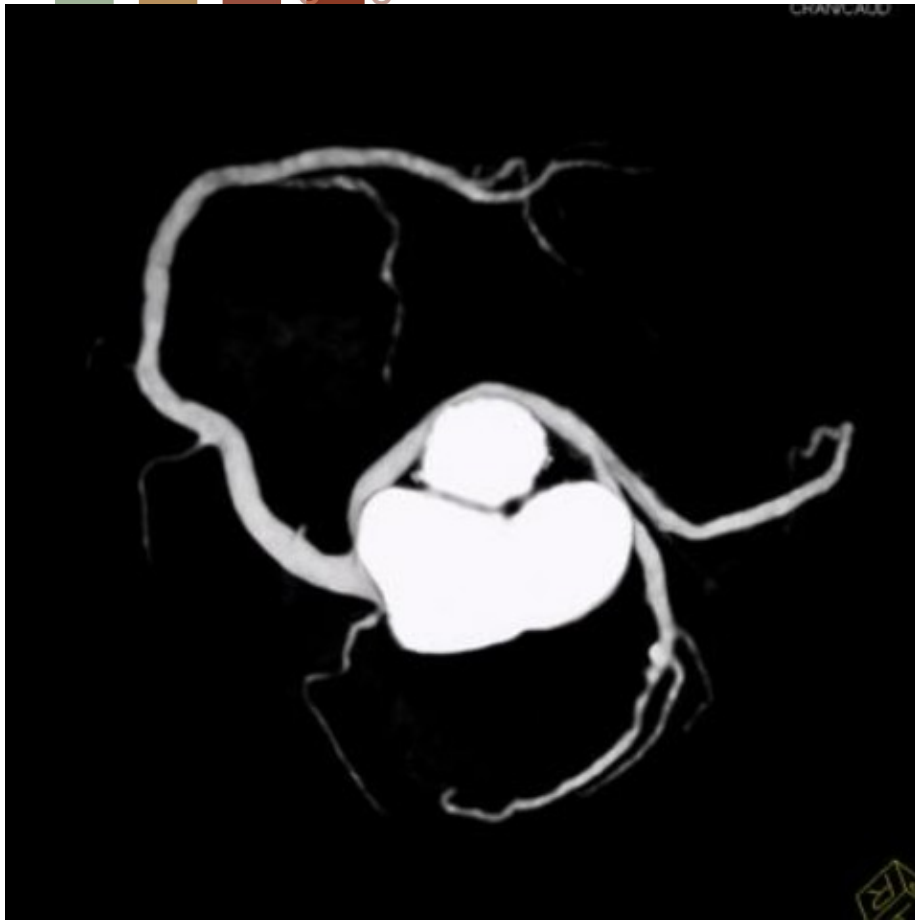
Case (8)

History: A 54-years-old female presented with chest pain



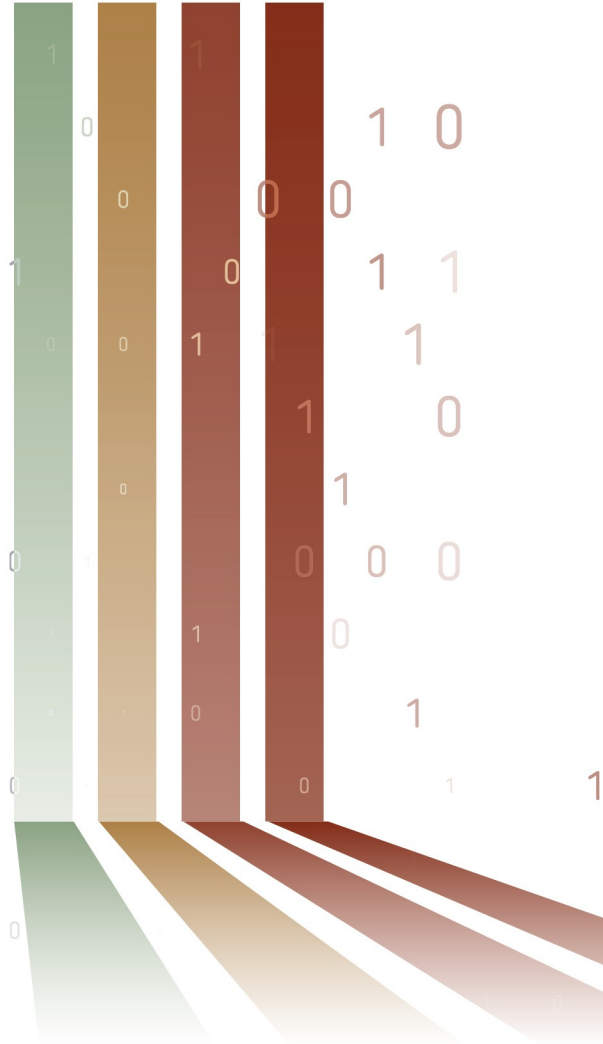
Anomalous left main coronary arterial origin

If anomalous left coronary artery arising from RT coronary artery >> more symptoms (sudden cardiac death usually associated with exercise) due to narrow ostium



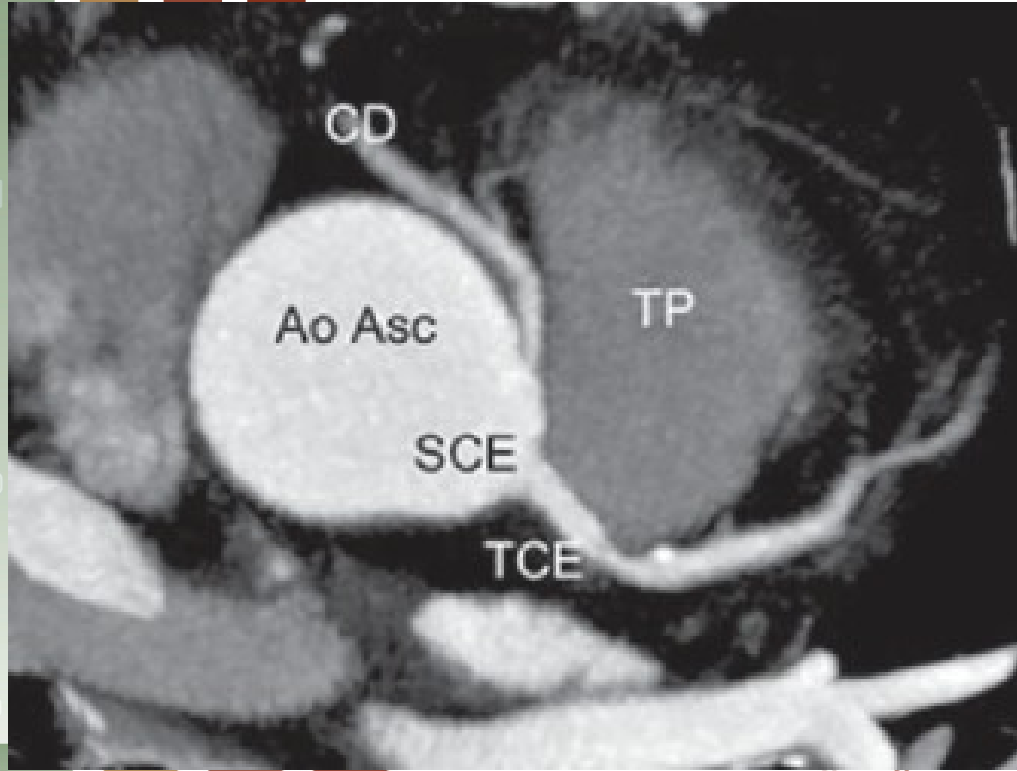
Case (9)

History: A 31-years-old female presented with chest pain on exertion, family history of early cardiac deaths



Inter-arterial course of right coronary artery

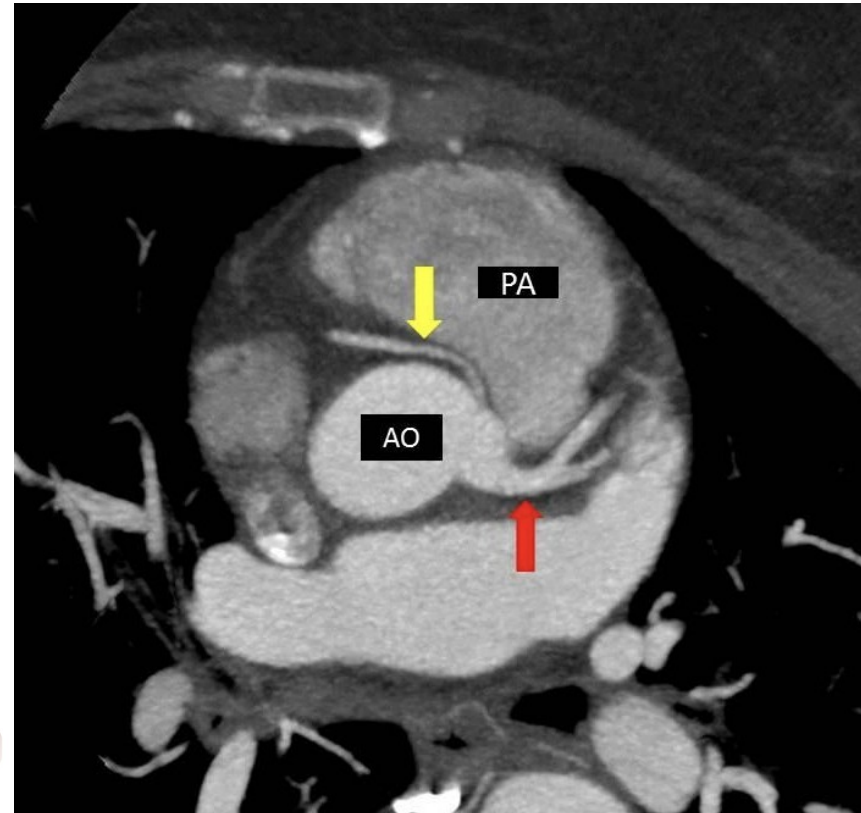
Carries an increased risk of cardiac ischemia, myocardial infarction, and possibly sudden death



Anomalous origination of right coronary artery (CD) from the left coronary sinus (SCE), with interarterial course between the pulmonary artery trunk (TP) and the ascending aorta (Ao Asc) (malignant course)

In this case:

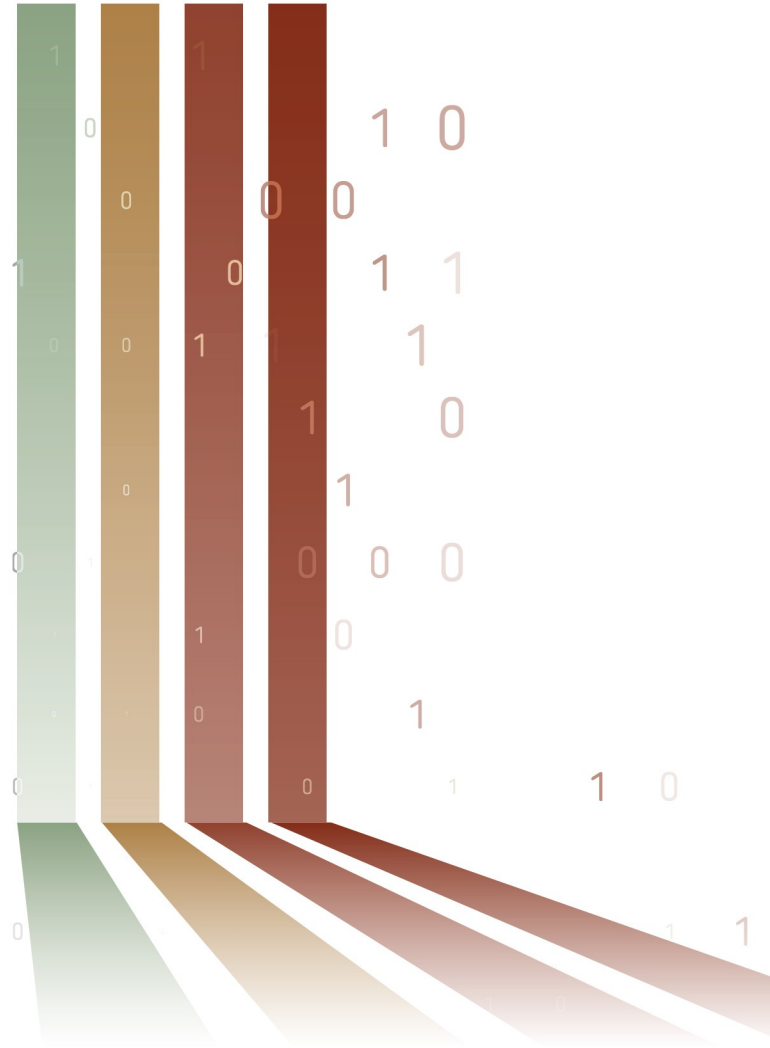
The RCA has an aberrant origin from the left coronary sinus and courses in between the ascending aorta & the pulmonary trunk



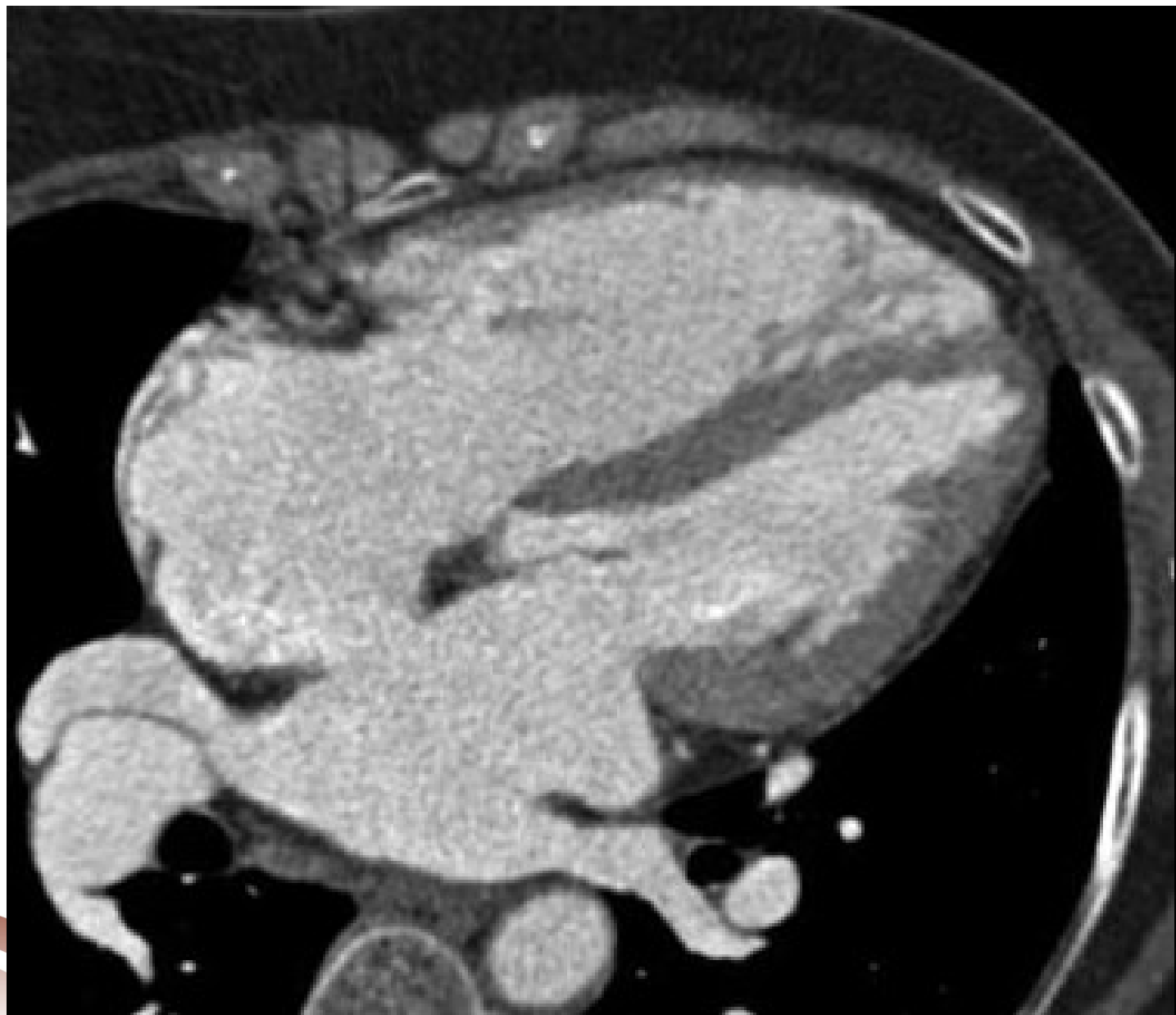
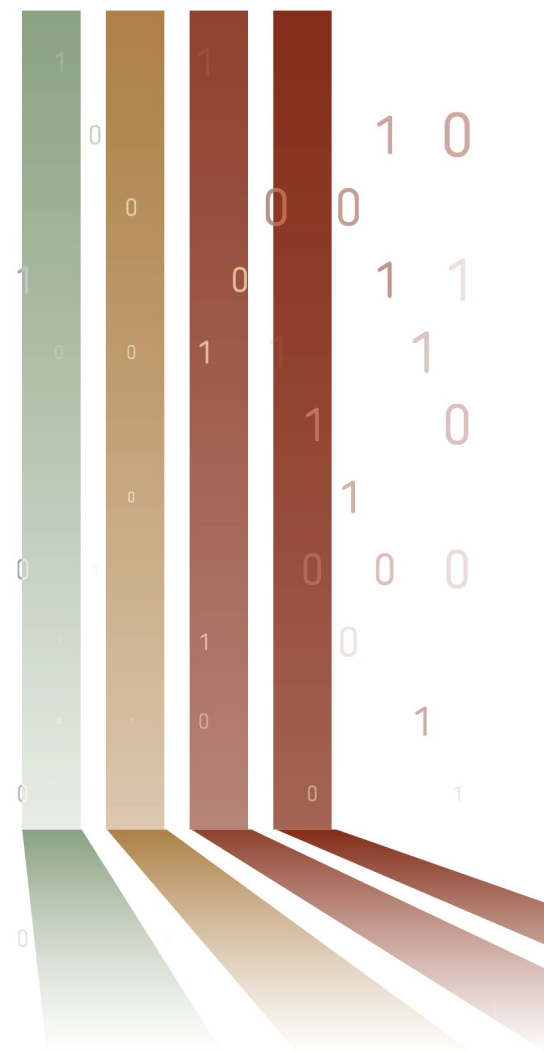
Common origin of RCA & LCA + anomalous origin of RCA between aorta & PA

Case (10)

History: A 60-years-old male presented with shortness of breath and palpitation



Next step?



Pulmonary hypertension due to ASD

Causes of pulmonary hypertension

- 1-Idiopathic
- 2-Hereditary
- 3-Drug induced
- 4-Congenital heart disease (ASD/ TOF)
- 5-Connective tissue (scleroderma)
- 6-Left heart disease (Coronary/ hypertension/ DM/ ↑↑ cholesterol)
- 7-Lung hypoxia (COPD/ Interstitial lung disease)

X-ray findings:

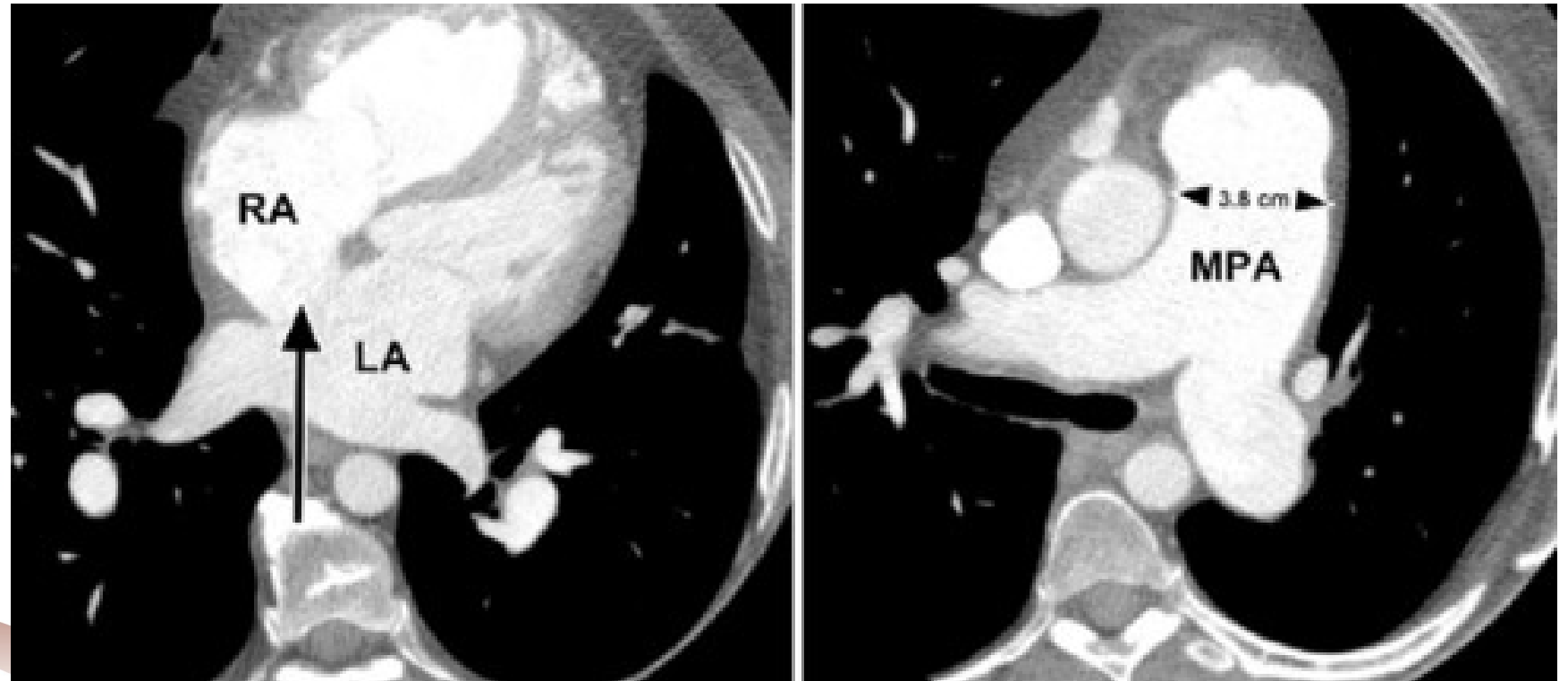
Enlarged PA + pruning of peripheral pulmonary vessels
Elevated cardiac apex (RVH)
Enlarged right atrium

CT findings:

Main pulmonary artery > 29 mm (> aortic root)
PA calcifications
Diffuse GGO (centrilobular nodules)

In this case:

X-rays: Cardiomegaly + enlargement of bilateral hilar pulmonary vessels (pulmonary hypertension)
CT: Confirms the cause of pulmonary hypertension (ASD)



ASD + Pulmonary hypertension

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5	Credit Agricole	81100052130	AGRIEGCXXXX
6	Credit Agricole	81110006550	AGRIEGCXXXX
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