An atypical assessment of Ebstein’s anomaly in an 86-year-old man

Un caso atipico di anomalia di Ebstein in un uomo di 86 anni

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We present the echocardiographic analysis of an 86-year-old man affected by Ebstein’s anomaly. In the natural history of this congenital disease only 5% of patients survive beyond the fifth decade. The patient presented severe right atrial dilatation and right heart failure, and he was referred to our institution for supraventricular tachycardia.

Keywords: Ebstein’s anomaly, echocardiography, elderly.


Case report

An 86-year-old man was admitted to our hospital because of fatigue, dyspnea and palpitations. The patient had experienced feelings of fainting since several days. Cardiac examination revealed a heart murmur. He had a diagnosis of Ebstein’s anomaly done when he was 40 years old and was not initially referred for surgery. Actually, he presented with signs and symptoms of right heart failure (pleural effusion, hepatomegaly, low extremities edemas), reduced exercise tolerance and effort dyspnea (NYHA class III). He showed recent worsening of his clinical status with frequent episodes of palpitations. The electrocardiogram showed atrial fibrillation. During the analysis in Emergency room at the same time that he complained of feelings of fainting, the electrocardiogram showed non-sustained ventricular tachycardia. The echocardiogram detected apical displacement of the septal tricuspid valve leaflets, severe tricuspid valve regurgitation and severe dilatation of both right ventricle and of right atrium (Figure 1). Because of advanced age and cardiac dysfunction, corrective or palliative surgical procedures were excluded and the patient underwent only intravenous medical therapy.

Discussion

Ebstein’s anomaly is a rare congenital heart disorder occurring in 1 per 200,000 live births and accounting for < 1% of all congenital heart diseases [1]. Ebstein anomaly is characterized by apical displacement of the septal and posterior tricuspid valve leaflets, leading to atrialization of the right ventricle with a variable degree of malformation and displacement of the anterior leaflet. The leaflet anomalies lead to tricuspid regurgitation [2-3]. The severity of regurgitation depends on the extent of leaflet displacement, ranging from mild regurgitation with minimally displaced tricuspid leaflets to severe regurgitation with extreme displacement. The atrialized portion of the right ventricle, although anatomically part of the right atrium, contracts and relaxes with the right ventricle. This discordant contraction leads to stagnation of blood in the right atrium. During ventricular systole, the atrialized part of the right ventricle contracts with the rest of the right ventricle, which causes a backward flow of blood into the right atrium, accentuating the effects of tricuspid regurgitation [4-5].

The clinical manifestations of this anomaly are quite variable, depending upon the spectrum of pathology and the presence of associated malformations. It is well documented that a considerable proportion of these patients are able to survive into adult life. However, the patient who survives into the fifth decade without a sign of heart failure is extremely rare (< 5%) [6-10]. We speculate that our patient had not developed right ventricular failure until his 80’s because he had a milder form of Ebstein’s anomaly and did not have any other congenital heart disease.
Riassunto

Questo caso clinico descrive le caratteristiche ecocardiografiche di un paziente di 86 anni affetto da anomalia di Ebstein. Solo il 5% dei soggetti affetti da tale cardiopatia congenita supera solitamente la quinta decade di vita. Il nostro paziente presentava una severa dilatazione atriale destra e segni di scompenso cardiaco destro, e giungeva alla nostra osservazione per insorgenza di fibrillazione atriale parossistica.

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References


