defect including the presence and location of an ASD, and on associated CHD. Incomplete cases have been described; in these patients the orifice was wide without a pressure drop between the proximal and distal chamber.

We reported a case of incomplete cor triatriatum sinister associated with large secundum ASD in an adult.

Şakir Arslan, Fuat Gündoğdu, M. Emin Kalkan
Department of Cardiology, Faculty of Medicine, Atatürk University, Erzurum, Turkey

Address for Correspondence/Yazıma Adresi:
Dr. Şakir Arslan,
Atatürk Üniversitesi Tip Fakültesi, Kardiyojoloji Anabilim Dalı Erzurum, Turkey
Phone: +90 442 315 11 16 Fax: +90 442 315 11 16
E-mail: drsakirarslan@gmail.com

Renovascular hypertension in a child with Marfan syndrome

Marfan sendromlu bir çocukta renovasküler hipertansiyon

A 13-year-old girl was admitted to the hospital with the decrease in visually acuity. Her eyes examination revealed bilateral lens subluxation and grade II hypertensive retinopathy. Her blood pressure was 160/110 mmHg and her height was 167 cm (90-97th percentiles). Other findings included a large nose, a long facies, a high-arched palate, long fingers and a grade II diastolic murmur at the right upper sternal border. She was diagnosed as having Marfan syndrome. Firstly, the most common causes of hypertension were investigated. Because all screening evaluations were normal, she underwent a digital subtraction angiography (DSA) of aorta and bilateral selective renal angiography for suspected renal artery (RA) stenosis. Digital subtraction angiography revealed a prominent kink at right RA and an aneurysm at left RA. The left RA was twisted and tortuous (Fig. 1).

The patient was given nifedipine and metoprolol. Endovascular or open surgical interventions were not performed. After two weeks of therapy, the patient’s blood pressure improved (110-120/60-70 mmHg). During follow-up of 12 months, her blood pressure remained at normal limits.

In conclusion, renal arteries can be affected in children with Marfan syndrome. If there are not other obvious causes of sustained hypertension in these patients, arteriography should be performed.

Mahmut Çivilibal, Salim Çalışkan, Furuzan Numan*, Safa Bars, Dursun Doğan, Özgür Kasapçopur, Lale Sever, Murat Canaşdemir* Nil Arısoy
From Departments of Pediatric Nephrology and Rheumatology, and Interventional Radiology, Cerrahpaşa Medical Faculty, İstanbul University, İstanbul, Turkey

Address for Correspondence/Yazıma Adresi:
Dr. Mahmut Çivilibal,
Ataköy 7-8.ksüm, Mimar Sinan Sitesi, L5 Blok D: 49 Ataköy, 34156 Istanbul, Türkiye
Phone: +90 212 633 00 77 Fax: +90 212 632 68 32
E-mail: drcivilibal@hotmail.com

©Copyright 2010 by AVES Yayıncılık Ltd. - Available on-line at www.anakarder.com
doi:10.5152/akd.2010.082