sinus rhythm, short P-R interval, wide QRS complex and typical delta waves of WPW syndrome. Although laboratory examination revealed troponin I: 0.22 ng/mL, CK: 145-220 U/L, MB: 33-44 ng/mL; these findings were primarily attributed to longstanding tachycardia. No structural abnormality was found in echocardiographic examination. Coronary angiography was normal. Electrophysiologic study was performed and an accessory pathway located anterolaterally was identified. Radiofrequency ablation was performed for the accessory pathway. Typical ECG findings disappeared after ablation. Although it is rare, in differential diagnosis of wide QRS complex tachycardia, WPW Syndrome with AF should be kept in mind.

Nihat Şen, Hızır Okuyan, Sedat Türkoğlu, Yusuf Tavıl, Murat Özdemir
Department of Cardiology, Faculty of Medicine,
Gazi University, Beştevi, Ankara, Turkey

Address of Correspondence/Yazışma Adresi: Dr. Nihat Şen
Gazi University, Faculty of Medicine, Department of Cardiology,
Beştevi, Ankara, Turkey  Phone: +90 312 202 56 29 E-mail: nihatdrsen@yahoo.com

Aneurysm of right ventricular outflow tract with pulmonic stenosis 28 years after atrial septal defect repair

Atriyal septal defekt onarımından 28 yıl sonra görülen sağ ventrikül çöküm yolunda anevrizmatik genişleme ve pulmoner stenoz

A 36-year-old woman with dyspnea and fatigability was referred to our clinic due to aneurysmal enlargement of right ventricular outflow tract (RVOT) and main pulmonary artery (MPA) after her two operations in 1978, both supposedly for atrial septal defect repair. Her echocardiography, cardiac magnetic resonance imaging and right heart catheterization all demonstrated severely enlarged RVOT and pulmonary trunk; the latter...
showed a peak systolic 90 mmHg gradient at valvular level, severe tricuspid and pulmonary regurgitation (Fig. 1A-C.). Intraoperatively, severely enlarged RVOT and MPA were observed to be restructured with a heavily calcified synthetic material back in 1978 (Fig. 2A.) and it was encroaching on MPA just distal to valvular level while causing regurgitation through the semilunar valve due to inadvertent enlargement (Fig. 2B) (Video 1. See corresponding video/movie images at www.anakarder.com). Reconstruction of RVOT and the MPA to the level of pulmonary bifurcation was achieved with a 22 mm Contegra® (Medtronic, Inc., Minneapolis, MN, USA) valved conduit (Fig. 3). She was discharged after an uneventful postoperative course on aspirin on day 7 without any complications.

Since the first successful use of human tissue graft valves for RVOT reconstruction, various prosthetic conduits have been developed. Patch conduits may offer an optimal alternative when widely-accepted homografts are not available for in RVOT reconstruction in the adult.

Onur S. Göksel, Serdar Badem, *Ahmet Bilge Kaya, Emin Tireli, Enver Dayıoğlu
From Departments of Cardiovascular Surgery and *Cardiology, Istanbul Medical Faculty, University of Istanbul, Istanbul, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Onur S. Göksel
4. Gazeteciler Sitesi, C3 Blok, D: 16, 1. Levent, Istanbul, Turkey  
Fax: +90 212 534 22 32 E-mail: onurgokseljet@gmail.com

Extrapleural hematoma, a rare post-operative complication of coronary bypass grafting with left internal mammary artery

Extrapleural hematoma is a rare but life threatening complication caused by the blood collection between parietal pleura and endothoracic facia. Generally seen after chest traumas, the complication may rarely be seen as a result of iatrogenic procedures such as central venous catheterization and coronary bypass graft (CABG) operation.

A 52-year-old man was admitted to our hospital for follow-up control 5 days after the CABG surgery. In his history, he had been suffered an anterior myocardial infarction and multi-vessel disease coronary artery diseases was documented on coronary angiography. Thus, he had been revascularized by left internal mammary artery (LIMA) to left anterior descending artery (LAD) graft and two saphenous venous grafts to circumflex and right coronary arteries. On the follow-up chest X-ray, we observed an intense, round, homogeneous density, 5x5cm in size, which was absent before the CABG surgery (Fig. 1A-B). Chest computerized tomography revealed a loculated extrapleural effusion in the left superior hemithorax. (Fig. 2) An extrapleural hematoma developed after LIMA-LAD CABG surgery in this case. Because the patient was asymptomatic and hemodynamically stable, we left the extrapleural hematoma for spontaneous resolution. After the 2 months follow-up, we observed that the hematoma fully disappeared. A simple chest X-ray was the diagnostic imaging method in a rare and life threatening case.

From Departments of Cardiology, *Pulmonary Diseases, **Radiology and ***Internal Medicine, Merzifon Public Hospital, Amasya,* Department of Cardiovascular Surgery, Samsun Public Hospital, Samsun **Department of Thoracic Surgery, Amasya Public Hospital Amasya, Turkey

Address for Correspondence/Yazışma Adresi: Yelda Tayyareci, MD
Merzifon Public Hospital, Department of Cardiology, Merzifon, Amasya
Mobile: 0 533 362 37 72 Fax: 0358 514 08 30 E-mail: yeldatayyareci@hotmail.com

Early detection of retained surgical sponge by the lateral chest radiography

Yan göğüs radyografisi ile unutulmuş cerrahi gazlı bezin erken tespiti

Postoperative retention of a foreign body is rare but well-recognized complication. They cause either an aseptic reaction without significant symptoms or an exudative reaction which results in early but nonspecific symptoms. We describe a case of extracardiac mass in a patient submitted to an open-chest coronary artery bypass operation. At postoperative period, plain radiography of the chest revealed a hypodense mass with a thick peripheral rim, characteristic whirl-like pattern, suggestive of foreign body on the right heart border (Fig. 1). The lateral radiographic projection showed a radiopaque marker confirming a retained sponge (Fig. 2). On computerized tomography scan, an inhomogenous,