A huge right atrium in a patient with ankle edema

Ayak bileği ödemi ile gelen hastada dev sağ atriyum

A 43-year-old female presented to our clinic because of a recently developed ankle edema. She did not have any dyspnea however complained of easy fatigue for the last several months. There was no history of cardiac or liver diseases. Because of a history of remote thrombophlebitis and a current use of oral contraceptives, she was suspected to have chronic recurrent pulmonary emboli. Physical examination was normal except a systolic murmur over the pulmonic area, mild ascites, and mild peripheral edema. She had no signs of hypoxia. Echocardiography revealed a huge right atrium that distorted the normal appearance of the cardiac chambers (Fig. 1). Severe tricuspid regurgitation (Fig. 2) and pulmonary stenosis with a systolic gradient of 84 mmHg were detected (Fig. 3). The patient was referred for balloon valvuloplasty. Pulmonic stenosis is a rare cause of right heart failure and most of the cases are congenital (1). Despite severe tricuspid regurgitation, and a huge right atrium, the clinical picture was remarkably good.

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Figure 1. Apical 4-chamber view. Huge right atrium that distorts the normal appearance of the chambers $\,$

LA- left atrium, LV- left ventricle, RA- right atrium, RV- right ventricle



Figure 2. Apical 4-chamber view and tricuspid regurgitation RA- right atrium, RV- right ventricle, TR- tricuspid regurgitation



Figure 3. Parasternal short-axis view; Doppler examination of the pulmonic flow $\,$

Ao- aorta, PJ- pulmonic flow jet, RA- right atrium, RV- right ventricle