

A rare case of isolated complete congenital sternal cleft



Nadir bir izole komplet konjenital sternal kleft olgusu

A 20-year-old male soldier presented to our clinic with complaints of dyspnea on exertion, pain and clash at the upper part of the sternum while he was carrying a heavy object for 4 years. His past medical history was unremarkable. He was non-smoker and working at furniture store. There were no intermarriage and inherited diseases in his family. On his physical examination, vital signs were in normal limits. On respiratory system examination, a wide gap at the upper part of the sternum was observed. Pulsations of the heart could easily be seen through the sternal abnormality. Bulging was seen clearly between sternal parts throughout the defect while patient was coughing. There was no abnormal lung and heart sounds on auscultation. Abdominal raphe was present between umbilicus and lower part of the sternum (Fig.1, Video 1. See corresponding video/movie images at www.anakarder.com). Other system examinations were unremarkable. Laboratory examinations were within the normal limits. Chest X-ray and thorax computed tomography (CT) showed complete fusion defect with a 4 cm in diameter of upper 2/3 and lesser than 1 cm in diameter of lower 1/3 of the sternal part of anterior chest wall (Fig. 2). Pulmonary function test was in normal limits. Echocardiography, abdominal ultrasonography and cranial CT did not reveal any coexisting abnormalities. Patient was diagnosed as an 'isolated complete congenital sternal cleft' and was referred to a superior center for surgical repair of the defect.



Figure 1. Sternal cleft and abdominal raphe



Figure 2. Three-dimensional thorax computed tomography image of a complete fusion defect of the sternum

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Impending thrombus through a patent foramen ovale complicated by pulmonary embolism: successful treatment with thrombolytic application



Pulmoner emboli ile komplike olan patent foramen ovaleden sarkan trombus: Trombolitik uygulama ile başarılı tedavi

Impending thrombus of the heart is a very rare condition and can be life-threatening. The patients with impending thrombus that are complicated with pulmonary embolism and paradoxal embolism may benefit from initial treatment with thrombolytic, especially when surgery is risky or inconvenient.

A 77-year-old male patient with complaints of dyspnea for 3 months was diagnosed as diffuse proliferative pulmonary disease (Fig. 1). The transesophageal echocardiogram revealed a moving large thrombus with snake-like structure in the left and right atria, impending in the