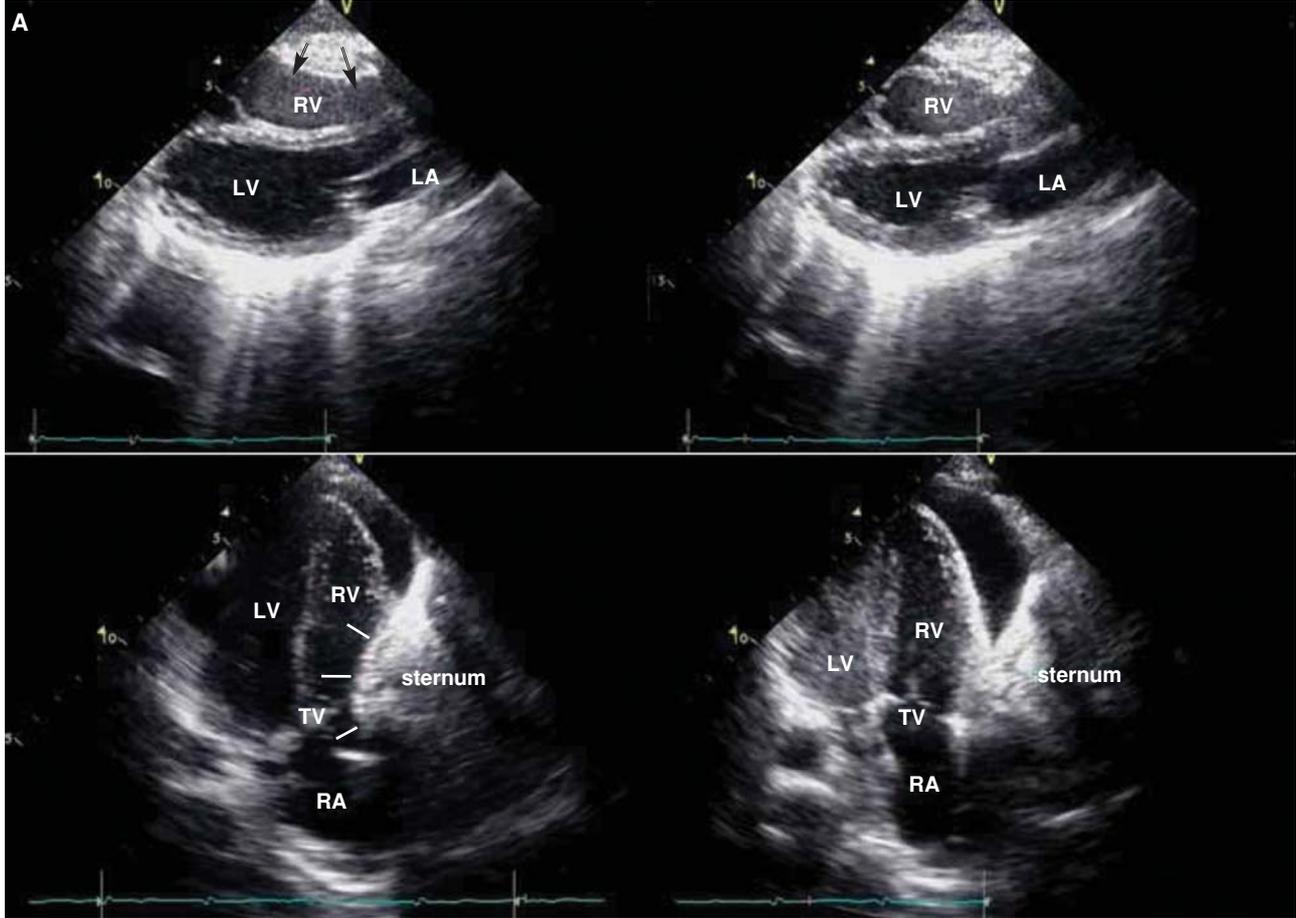


Cardiac compression associated with pectus excavatum: echocardiography and computed tomography findings

Kardiyak basıya neden olan kunduracı göğsü: Ekokardiyografi ve bilgisayarlı tomografi bulguları

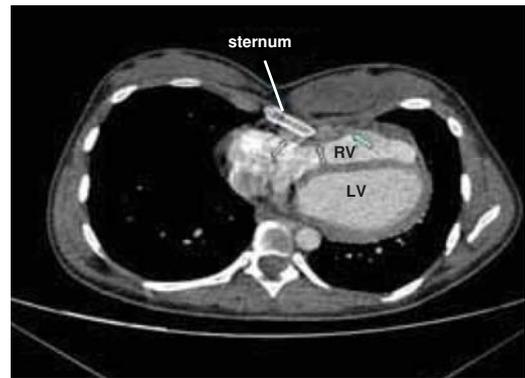


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A 21-year-old woman who was being followed up for pectus excavatum at the thoracic and cardiovascular surgery department presented in our clinic for cardiac evaluation. Examination revealed a blood pressure of 100/60 mmHg and heart rate of 67 beats/min which was in sinus rhythm. No murmur was heard. The lung examination was

normal. Transthoracic echocardiography revealed normal findings of left ventricular diameter, ejection fraction, aortic and mitral valve functions, whereas the sternum was observed to compress the base of the left ventricle. There was a mild regurgitation at the tricuspid valve and pulmonary artery pressure was measured as 25 mmHg (Figure A, B). A thoracic computed tomography was performed to better evaluate cardiac and pulmonary interaction with the sternal structure, which revealed compression of the sternum on the right ventricle and right atrium (Figure C). Pulmonary functions were normal and hence no surgical operation was considered. The patient was discharged and scheduled for outpatient follow-up intervals.



Figures. (A) Transthoracic echocardiography image showing relationship of the sternum with the right ventricle and right atrium during diastole and systole in the parasternal short axis view (B). Image of modified apical four chamber, showing relationship of the sternum with the right heart chambers during diastole and systole (C) Thoracic computed tomography image of compression of the sternum on the right ventricle and right atrium, showing the severity of pectus excavatum.