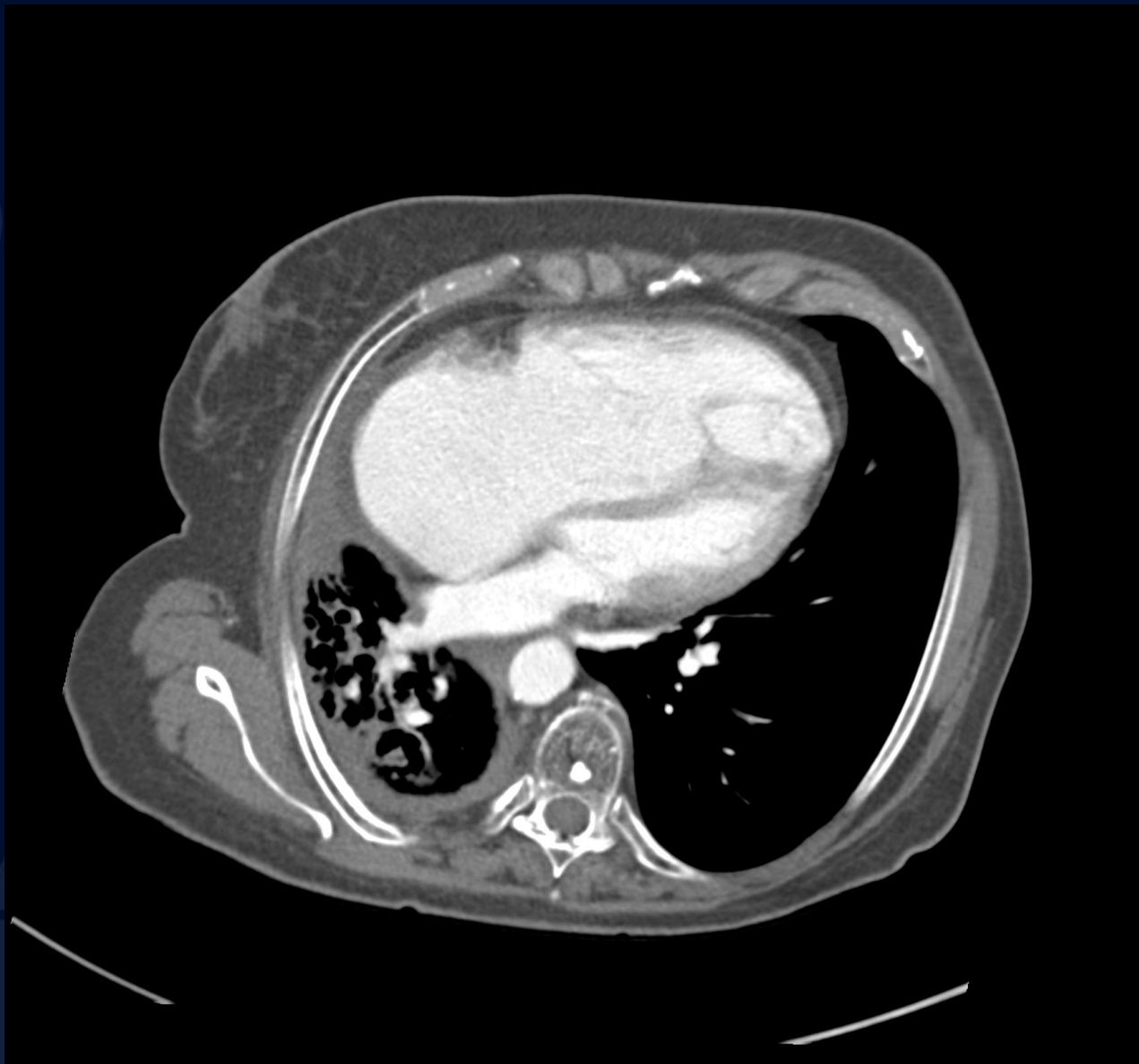


# 67F with incidental finding

Krithika Srikanthan, MD  
Electra Kaloudis, MD

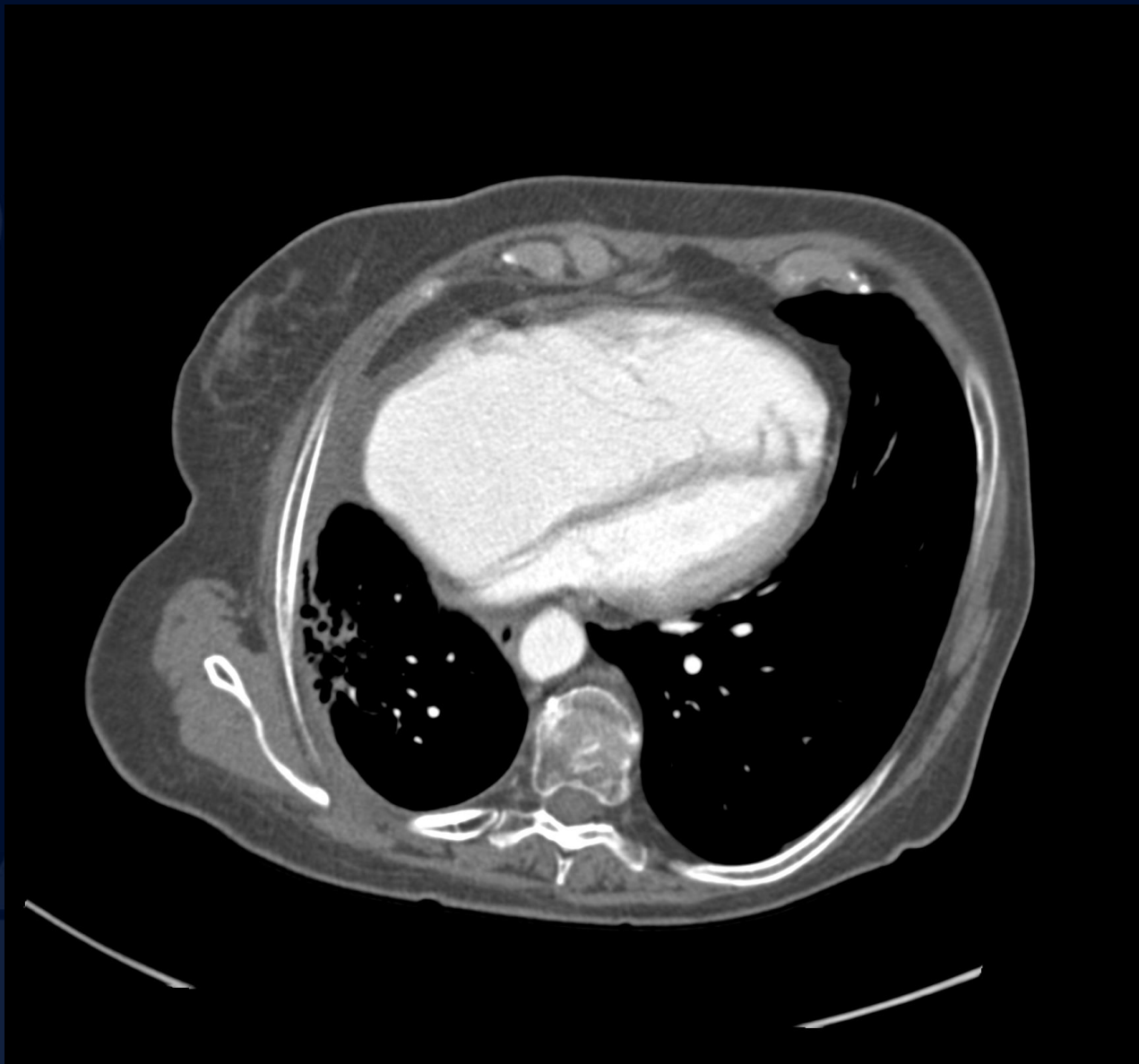




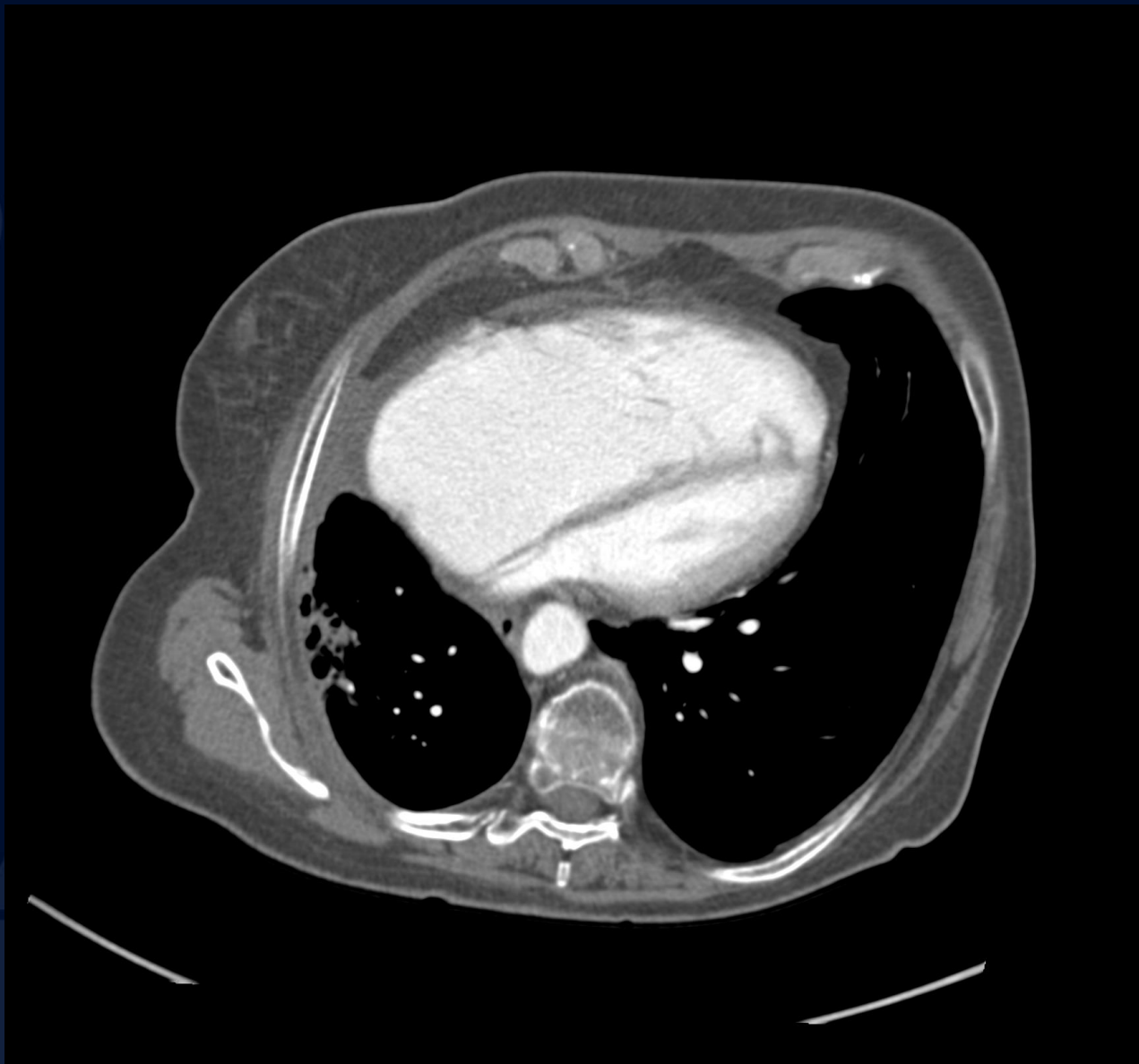




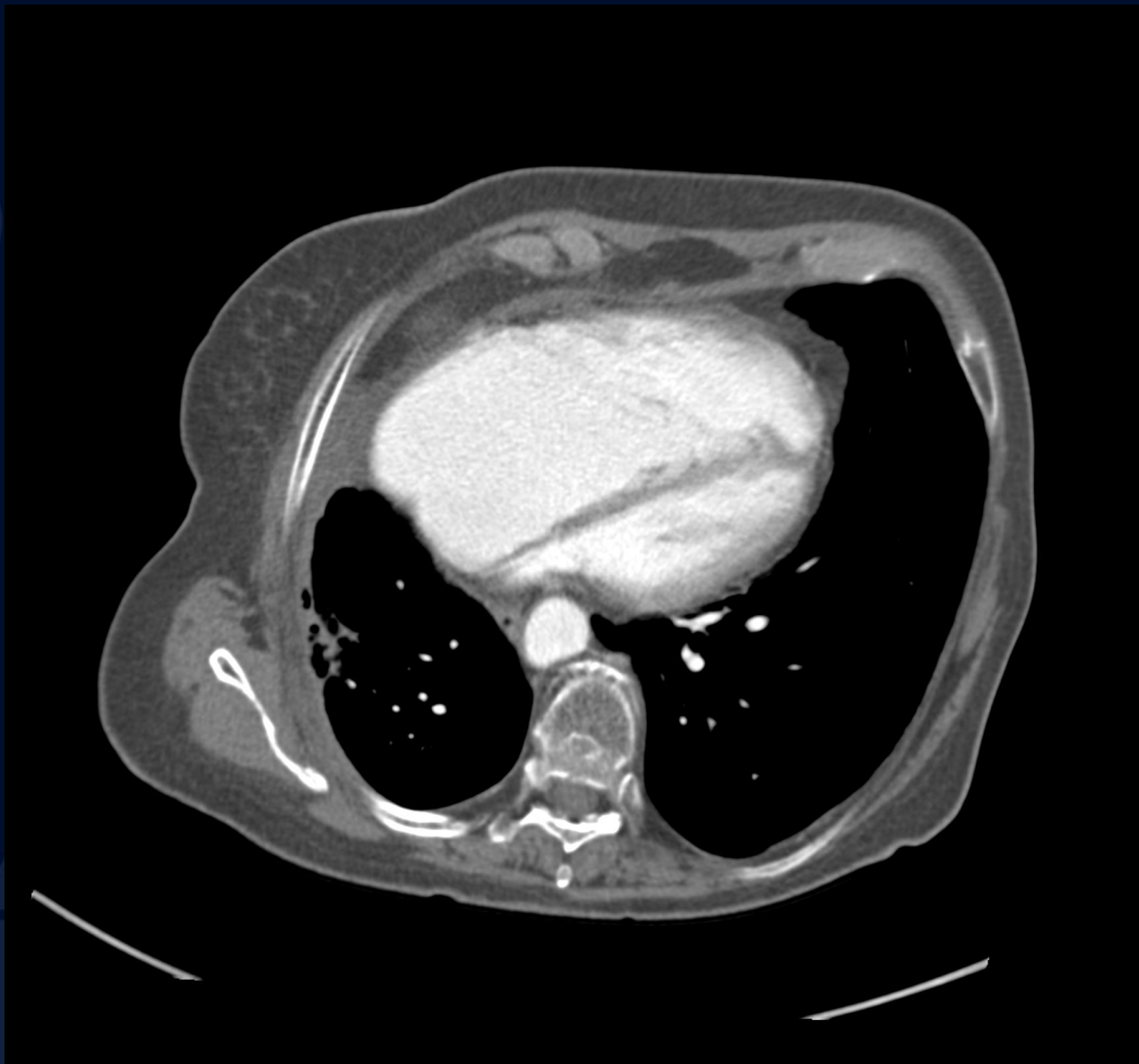


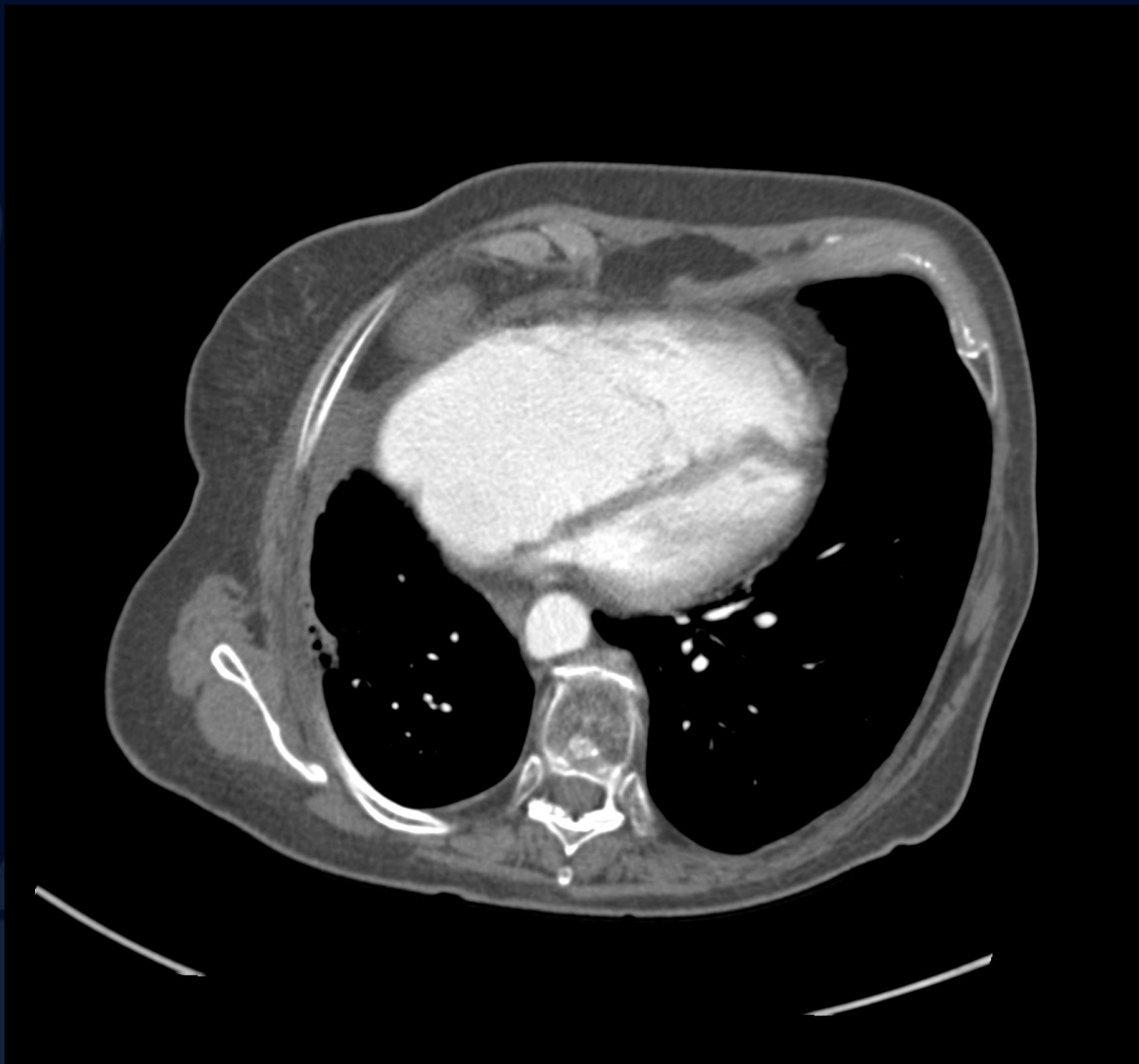


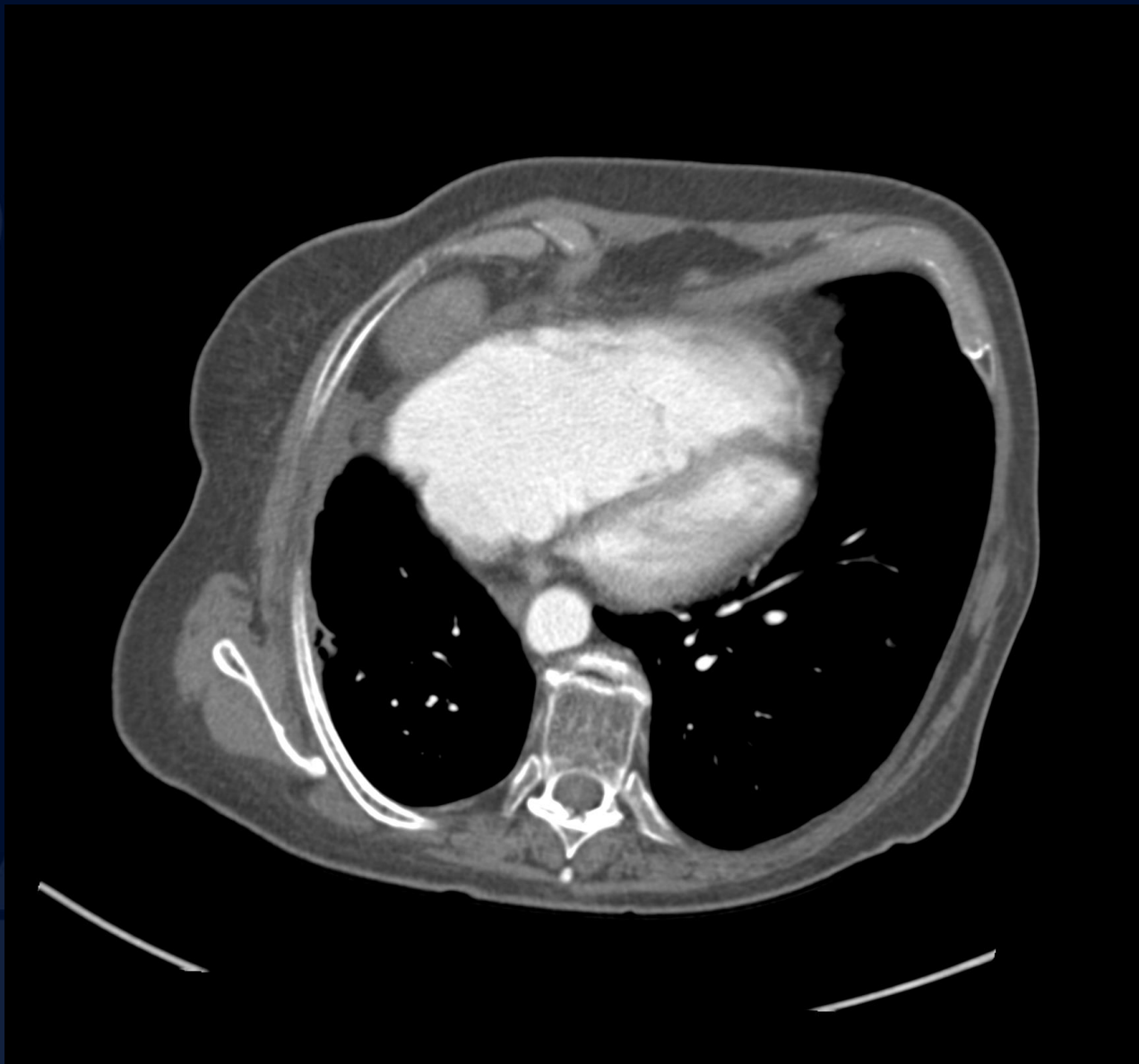














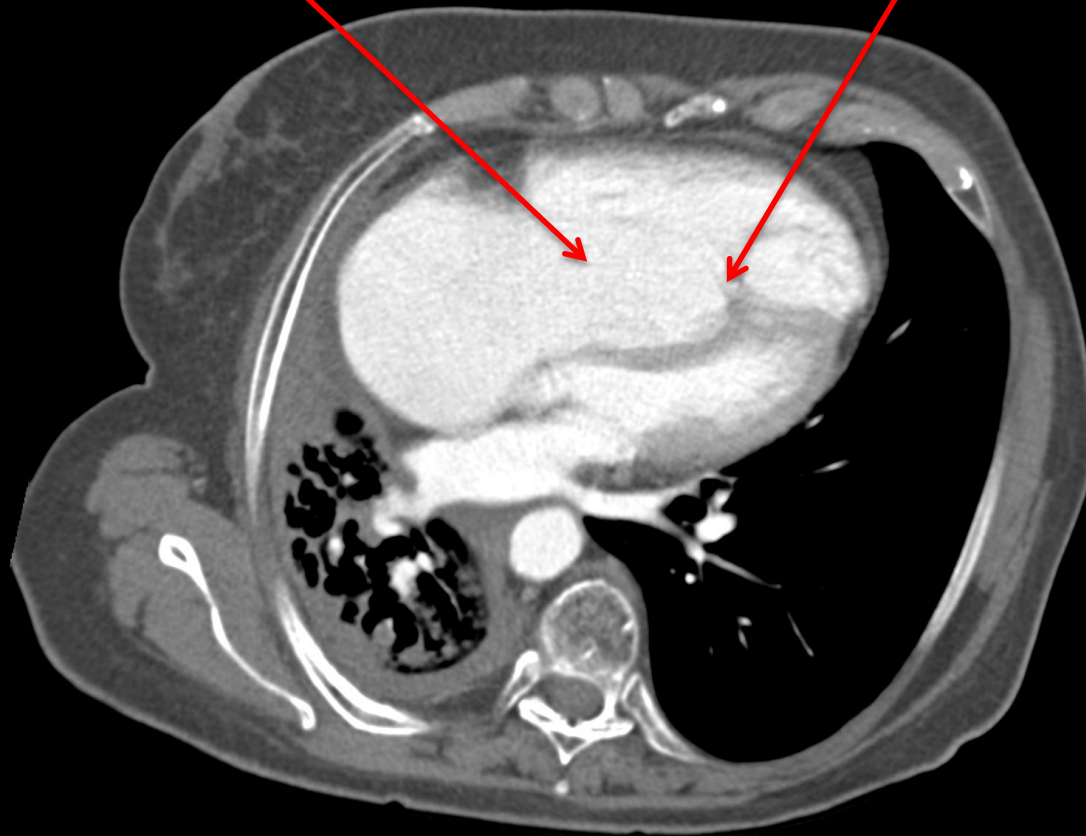
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide.

?

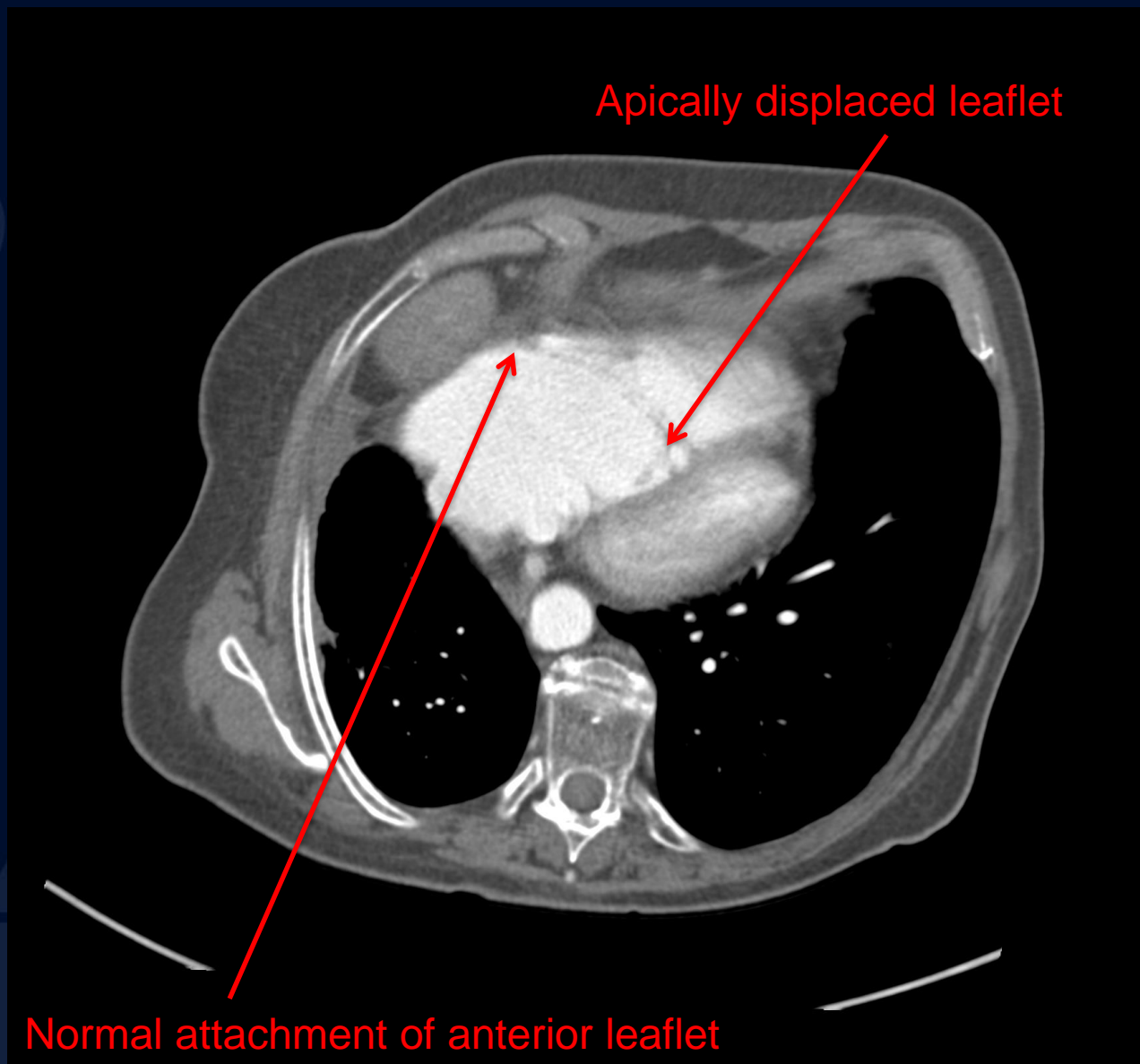
# Ebstein Anomaly

Atrialization of  
RV/enlarged RA

Apically displaced leaflet







# CT findings

- Right-chamber enlargement with "atrialized" portion of right ventricle
- Apical displacement of septal/posterior tricuspid valve leaflet
  - Anatomic annulus remains in normal position
  - Functional annulus is displaced apically
- Anterior leaflet has normal level of attachment, but often morphologically abnormal with redundancy, fenestrations, and tethering
- Normal-sized left atrium and ventricle

# Ebstein Anomaly

- 3 compartments:
  - Right atrium
  - Atrialized noncontracting inlet portion
  - Functional outlet portion of right ventricle
- Embryology: Insufficient separation of tricuspid valve leaflets and chordae tendineae from right ventricular endocardium
  - Most often sporadic
  - Lithium association
- Associated abnormalities:
  - PFO
  - Secundum atrial septal defect in 90%

# Ebstein Anomaly

- Presentation:
  - Sx: asymptomatic, chronic right heart failure, cyanosis (depends on difference between right and left atrial pressures)
  - Age: young to old; avg 14 years
- 0.5% of congenital cardiac defects
  - Most common cause of tricuspid regurg
- M=F
- Prognosis: dependent on hemodynamic significance of tricuspid regurgitation and presence of cyanosis
- Rx: Supportive care when cyanotic, tricuspid valve repair/recon is definitive, arrhythmia treatment

# References

1. Stat dx
2. Radiopaedia