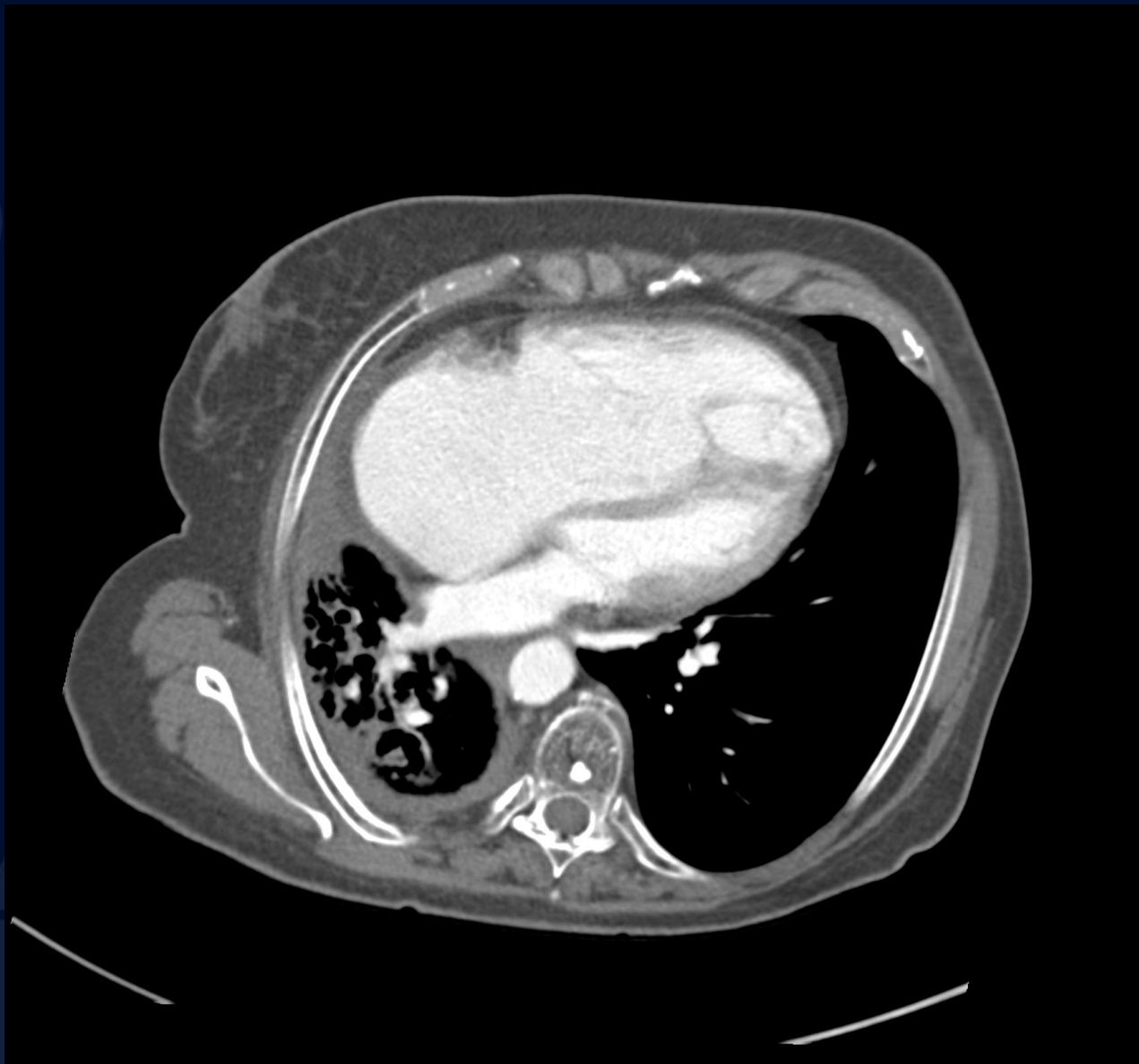


67F with incidental finding

Krithika Srikanthan, MD
Electra Kaloudis, MD

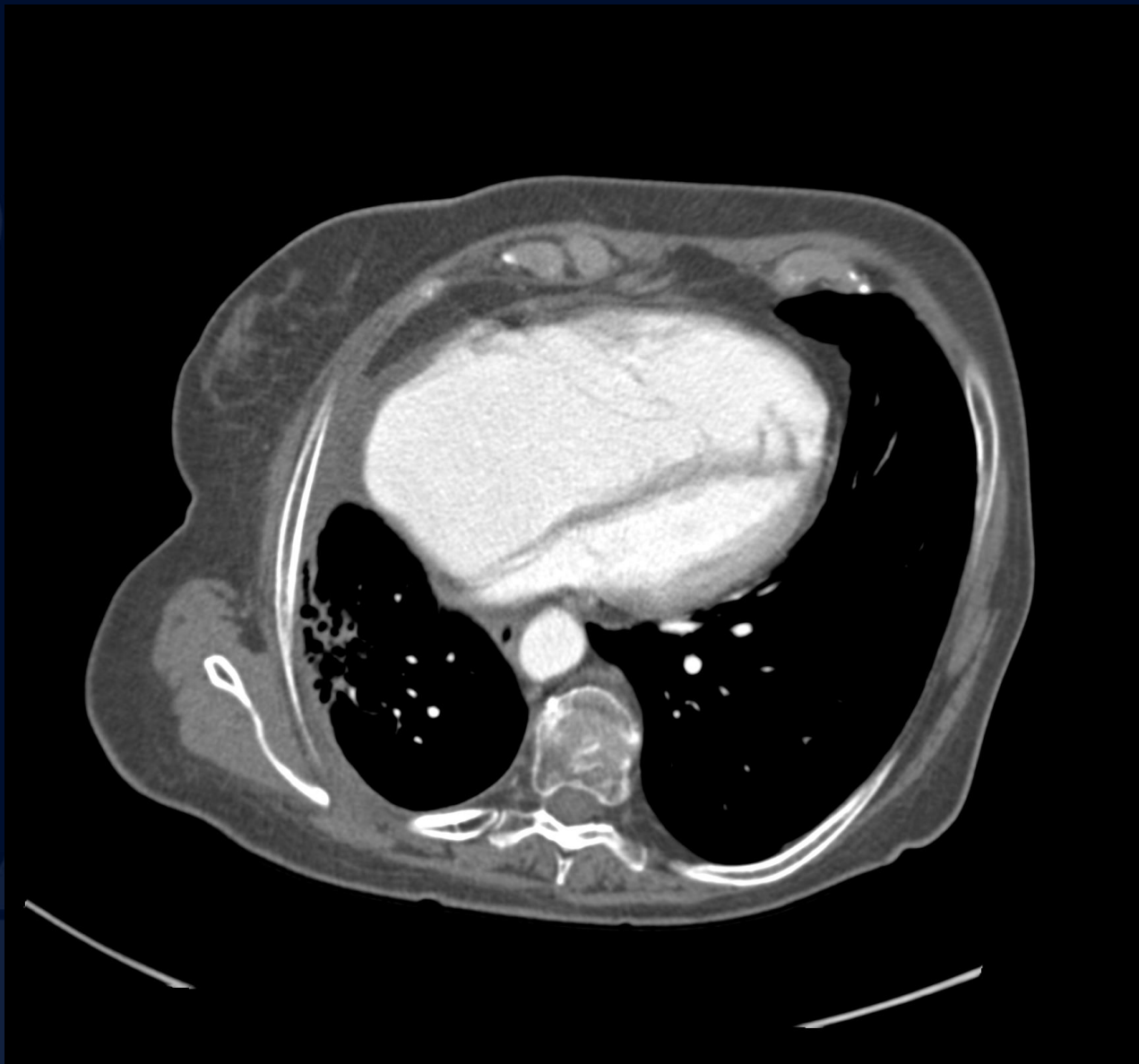


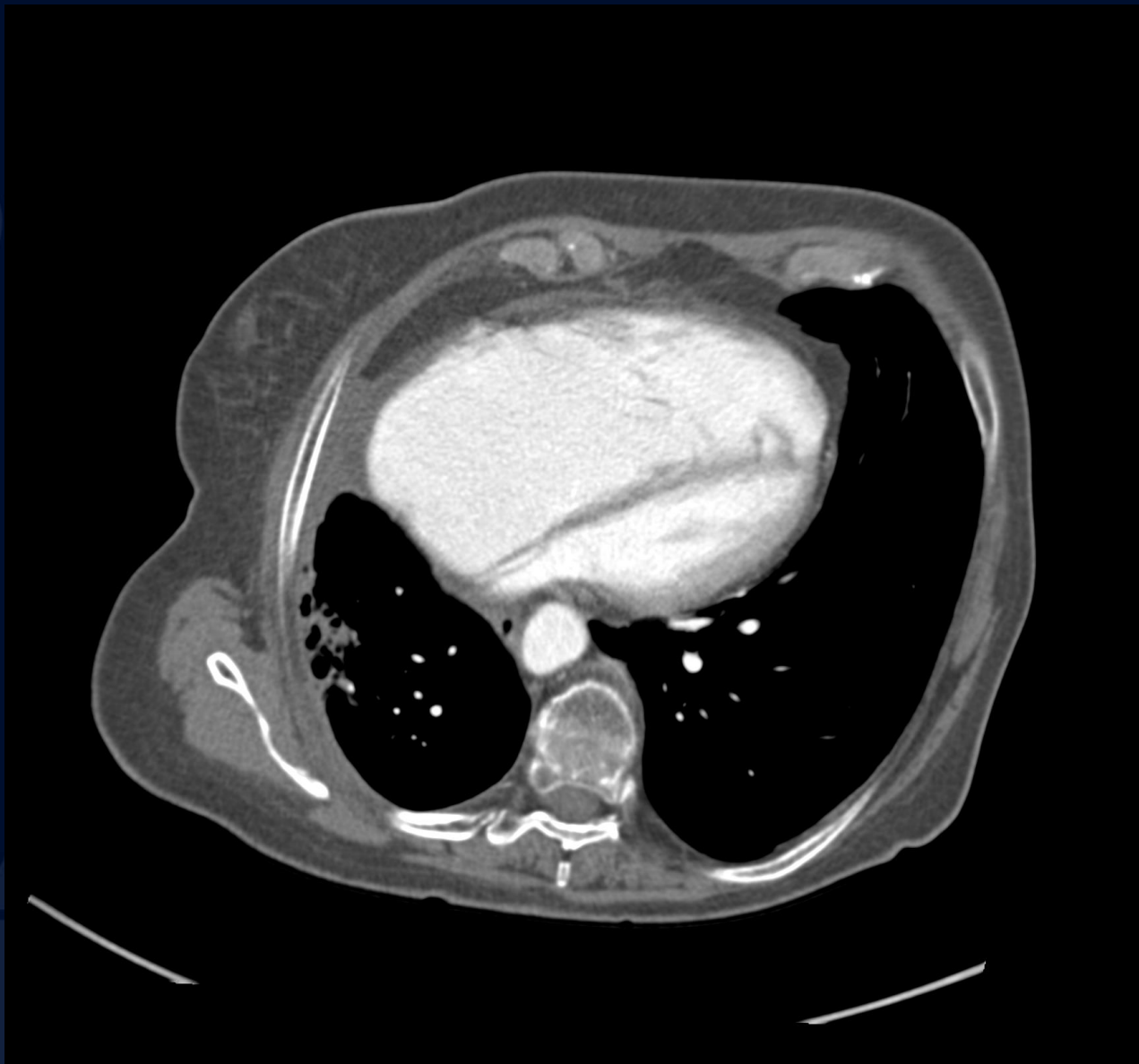


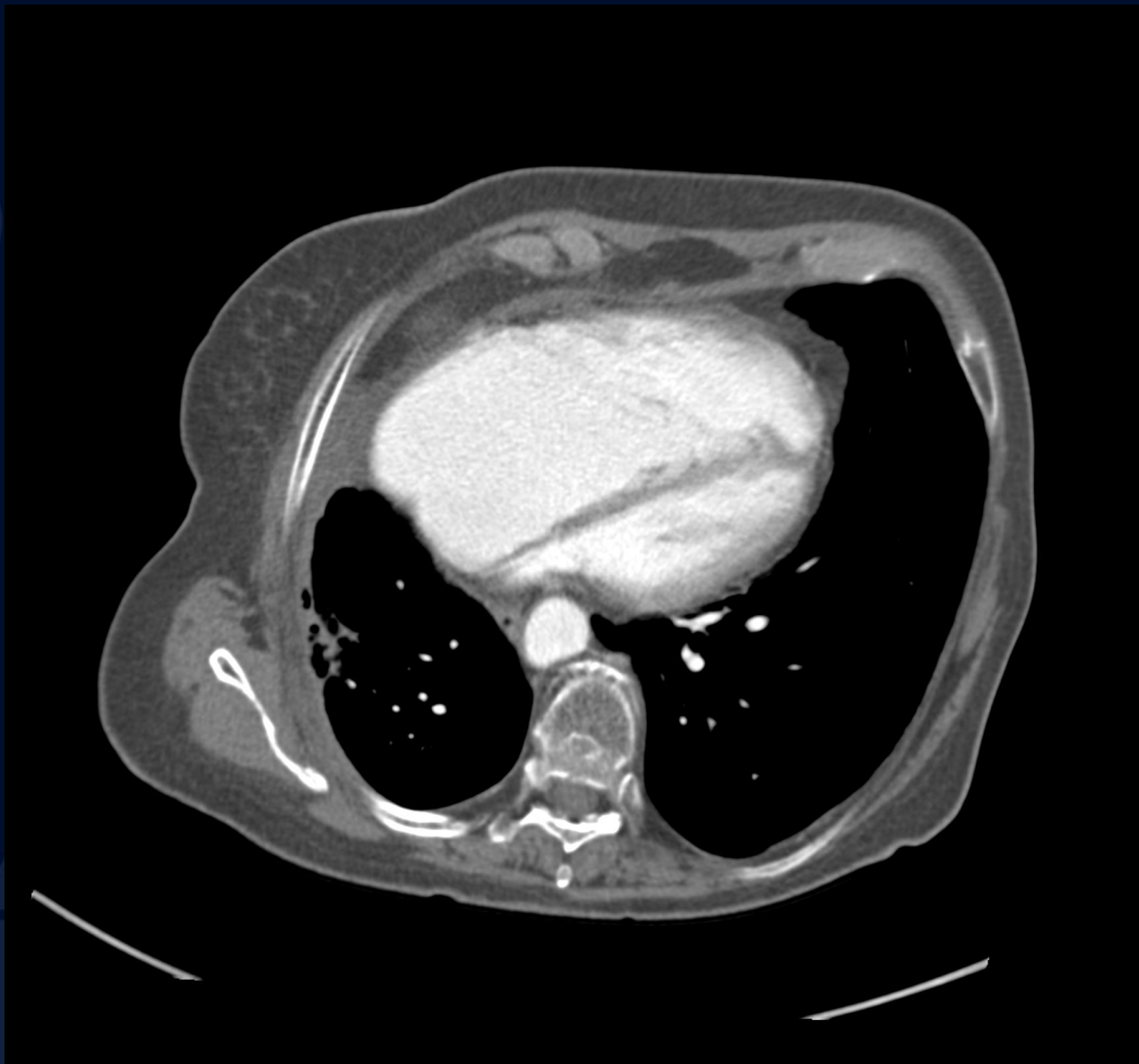


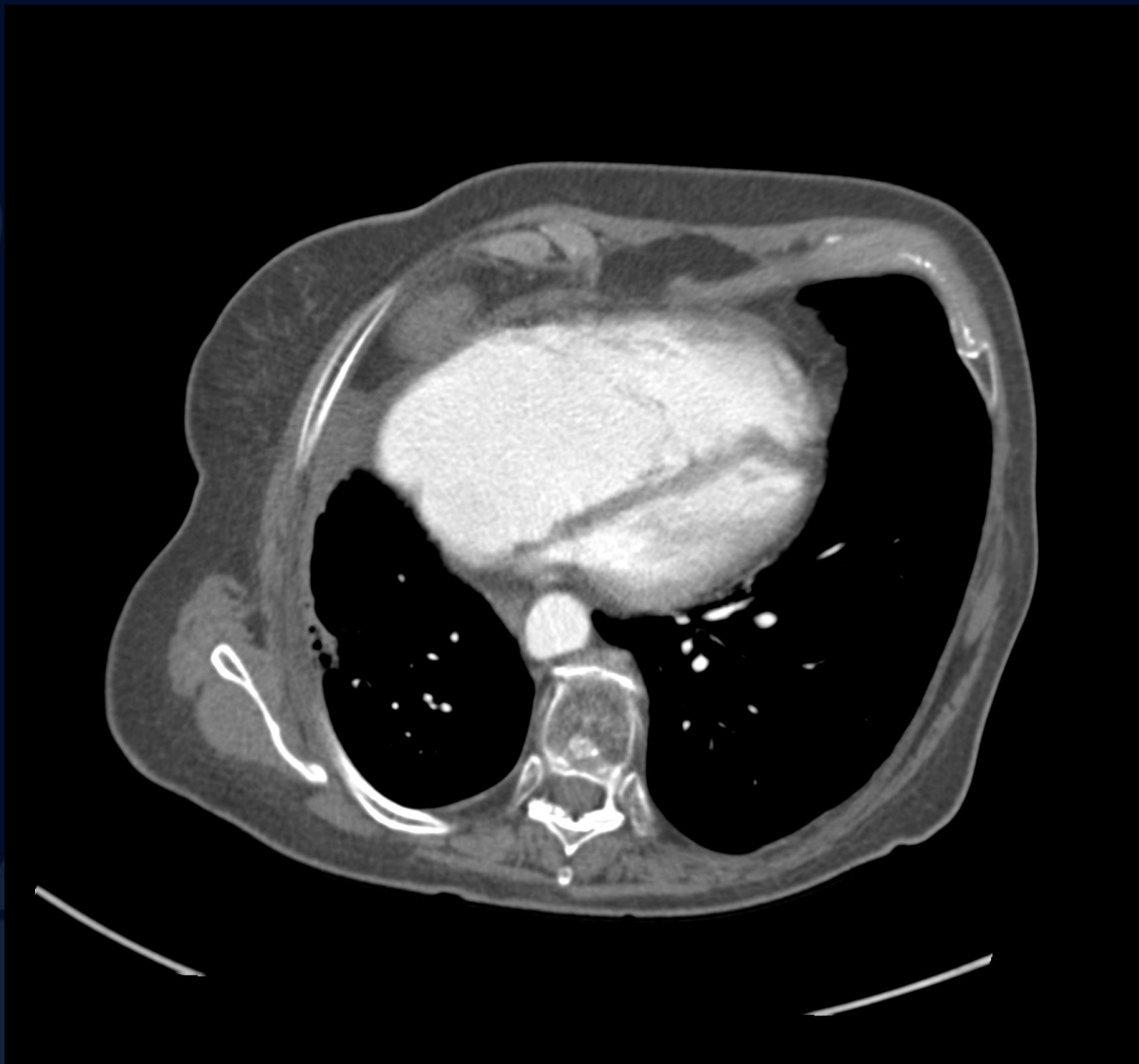


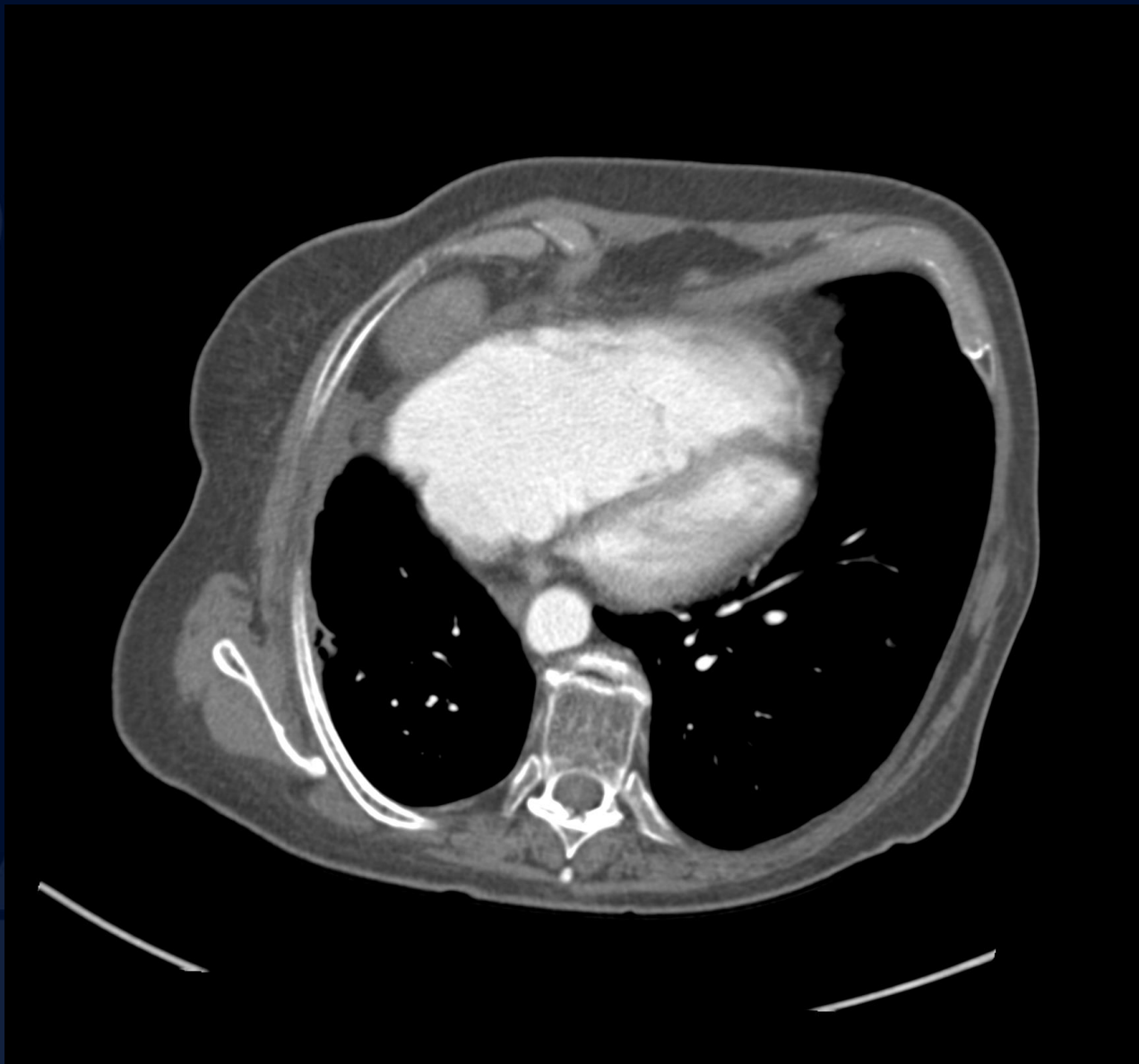














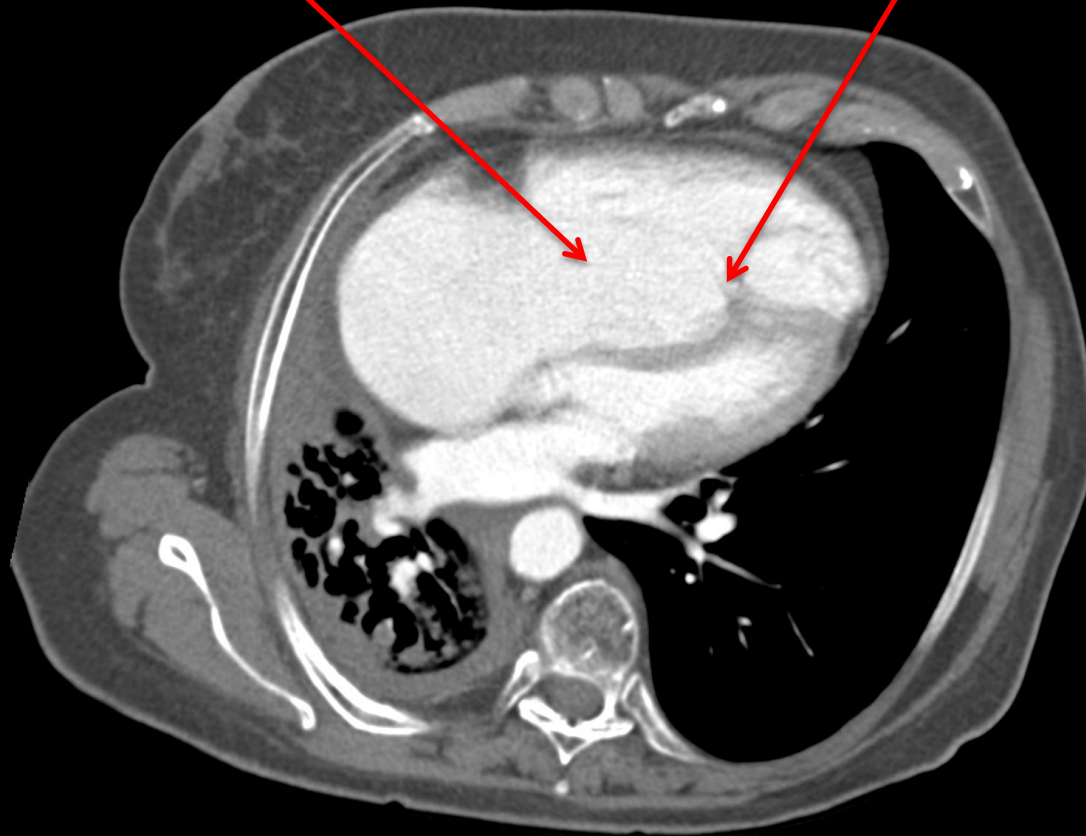
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide.

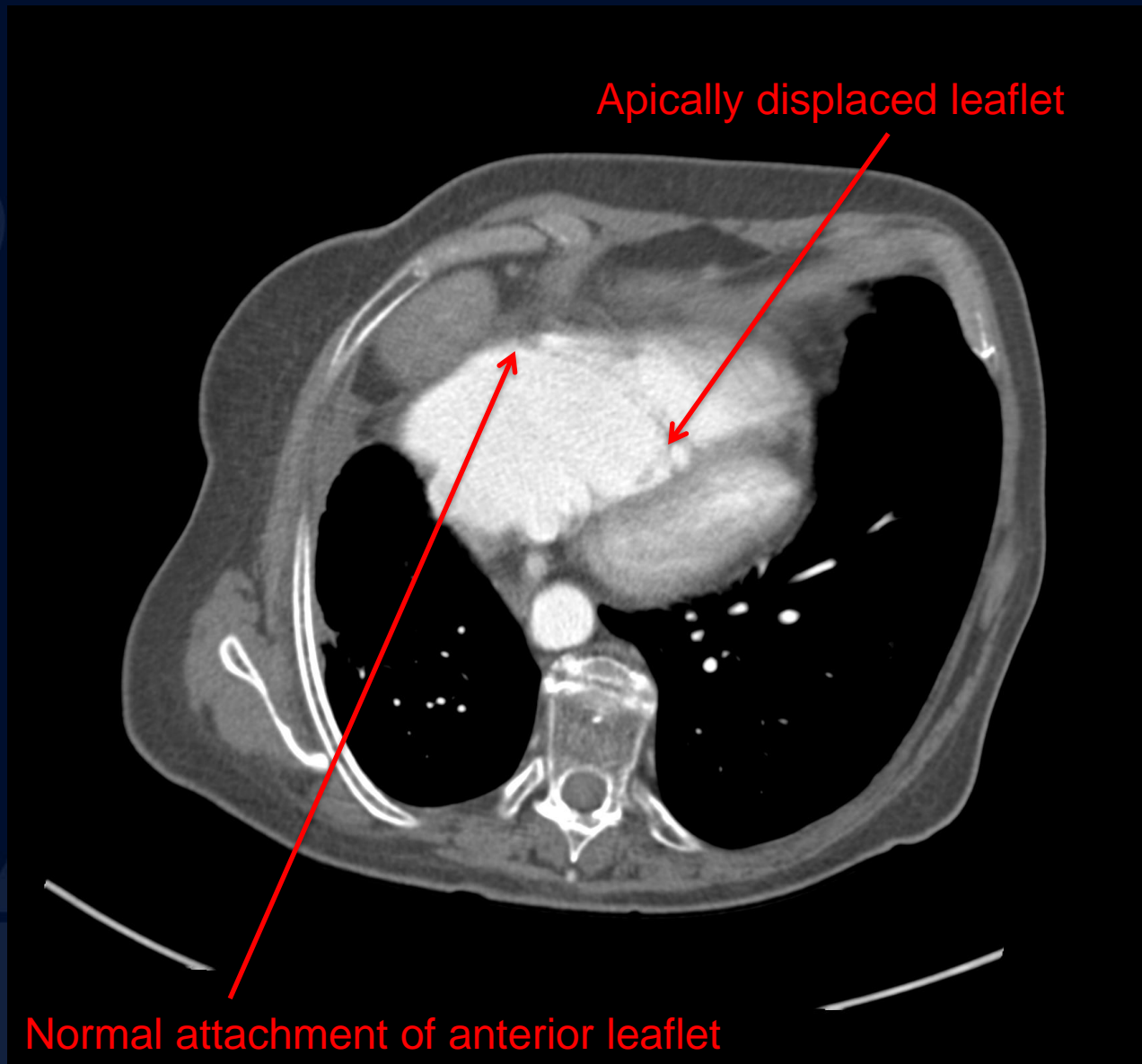
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Ebstein Anomaly

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