A 4-year-old girl with tetralogy of Fallot had complete repair by open-heart surgery with patch closure of the ventricular septal defect, resection of the pulmonary valve, and placement of a transannular pericardial patch to enlarge the right ventricular outflow tract. On the day of discharge, a 2D echocardiogram revealed a small anterior pericardial effusion and a large pleural effusion, seen here by transthoracic echocardiogram (Figure 1) from a rotated parasternal long-axis view. Figure 2 shows a schematic of the echocardiogram. An atelectatic segment of the lung behind the right atrium looked like the uninflated lung of the fetus and permitted transmission of the ultrasound beam that is usually reflected by air-filled spaces. The white structure at the bottom of the frame represents the posterior chest wall. At the age of 4 years and 8 months, the patient weighed only 14.4 kg (third percentile for age). Note also the right ventricular hypertrophy and enlargement.

Figure 1. Rotated parasternal long-axis view demonstrates hypertrophied and enlarged right ventricle, dilated right atrium, an atelectatic segment of lung, and a large posterior pleural effusion and posterior chest wall in a 4-year-old patient after repair of tetralogy of Fallot.

Figure 2. Schematic of Figure 1. RV indicates right ventricle; RA, dilated right atrium; L, lung; PE, posterior pleural effusion; and CW, posterior chest wall.
Pleural Effusion on Transthoracic Echocardiogram

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