A 46-year-old man presented to our hospital with dyspnea and pyrexia. He was clinically thought to have a pulmonary embolus. A computerized tomography scan of the thorax (Figure 1) was acquired using a Picker MX 8000 multidetector scanner and our pulmonary embolus protocol: 3-mm collimation, pitch 1:1, and 120 mL of Omnipaque 300 as the intravenous contrast medium, delivered at a rate of 3 mL/s. Although no pulmonary embolus was detected, a septum in the left atrium was visualized. The septum divided the left atrial chamber into two. This had features in keeping with cor triatriatum, which was confirmed on 2D echocardiography (Figure 2). Doppler imaging across the septum demonstrated no significant gradient. The patient’s respiratory symptoms were deemed to be caused by bilateral consolidation of the bases of the lungs caused by an infection.

Figure 1. Three-millimeter collimated computed tomography axial images through the left atrium. The septum (arrow) is seen to separate the posterior compartment from the mitral valve. RA indicates right atrium; AI-LA, anterior inferior left atrial chamber; and AO, aorta.

Figure 2. Two-dimensional echocardiographic 4-chamber view. The atrial membrane is indicated with an arrow. RV indicates right ventricle; LV, left ventricle; and PS-LA, posterior superior left atrial chamber.
Multislice Computed Tomography and Two-Dimensional Echocardiographic Images of Cor Triatriatum in a 46-Year-Old Man
Kevin Chen and C.H. Thng

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