

Asymptomatic Lobular Large Interatrial Septal Aneurysm

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Dear Editor;

Asymptomatic 37-year-old male was admitted for routine periodical medical examination. Physical examination revealed no specific finding except 1/6 grade systolic murmur heard at 2nd left intercostal space. The electrocardiogram showed sinus rhythm with right bundle branch block. Subsequently performed transthoracic echocardiography revealed three lobular appearance of inter-atrial septal aneurysm. There was no evidence of left to right or right to left shunt flow on transthoracic echocardiography in any views. Aneurysm neck was in 3 cm diameter and it occupied a space of 7.58 cm² inside right atrium (Figure-1). Afterward, the patient underwent transesophageal echocardiography which demonstrated giant inter-atrial septal aneurysm (Figure-2). There was no other abnormality, no right to left or left to right shunt was seen with saline injection. No evidence of thrombus in any chamber or atrial appendage was found. Intra-atrial septum showed a large bulge in fossa ovalis area towards right atrium with significant excursions of this part of the atrial septum. Since the patient was asymptomatic, he was planned for a 6 monthly follow-up visits with prescription of 300 mg acetylsalicylic acid once daily.

Atrial septal aneurysm is a rare cardiac abnormality that is usually detected during routine echocardiography or evaluation of ischemic stroke. Compared to transthoracic echo, transesophageal echo is more sensitive in picking up inter-atrial septal aneurysm. Transthoracic echocardiography may help in accidental diagnosis of asymptomatic large lobular inter-atrial septal aneurysm and may provide also valuable information in the follow-up of such abnormalities.



Figure-1: Apical four-chamber transthoracic echocardiographic view of inter-atrial septal aneurysm.



Figure-2: Transesophageal echocardiographic view of interatrial septal aneurysm

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