CORONARY SINUS STENOSIS: REALITY OR MYTH?

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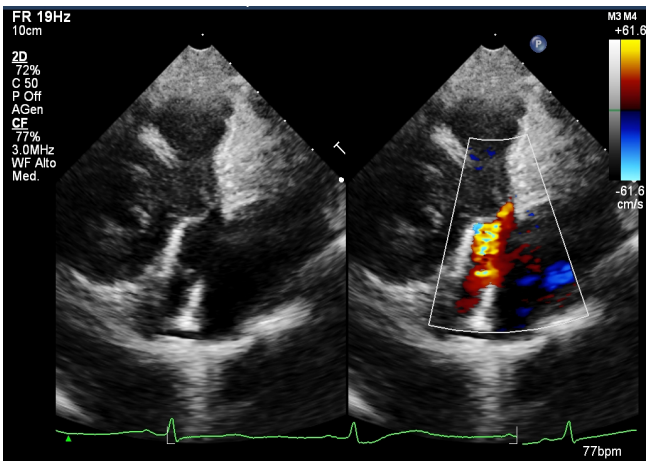
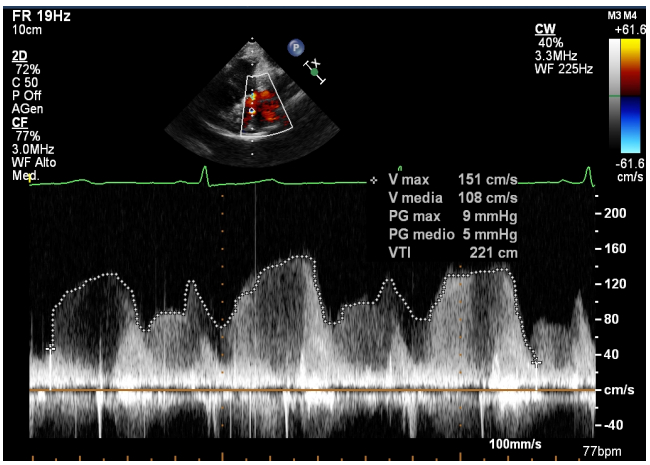
- We report the case of a 8 yrs old girl with prenatal diagnosis of double aortic arch without respiratory nor digestive symptoms. A CMR was performed in the first year of life and it showed double aortic arch with complete vascular ring without tracheal or oesophageal compression. Right and left carotid arteries arises from the common tract, right and left subclavian artery respectively from the right and the left arch.
- We performed an annual clinical and echocardiographic follow-up: the presence of a small accelerated flow at the color-doppler near the tricuspid anulus has always been reported, at the beginning it was misdiagnosed as a small CS defect, without any dilatation of the right chambers. As the patient grew and the ultrasound images became clearer, we were able to interpret that accelerated flow in the RA as a stenosis at the CS ostium.





In the literature, there are few reported cases of CS stenosis and the majority are from autoptic study which reveal that CS stenosis may be due to the presence of a distal accessory parietal valve or to an antivalves. In the clinical setting, their report is anecdotal and the diagnosis generally is occasional or subsequent at the presence of other cardiac abnormalities like unroofed CS, persistent left superior vena cava or exertional chest pain. Currently, there are no guidelines for the follow up nor for the management of this anomaly. We decided to continue with clinical and echocardiographic F.U. as long as the patient remains asymptomatic.

Conclusion: We report the first asymptomatic case of CS stenosis associated with double aortic arch in literature. CS stenosis is a rare anatomical abnormality which may be alone or associate with other venous and vascular abnormalities, its clinical impact like its treatment has still to be understood.