CASE REPORT

A rare variant of intracardiac total anomalous pulmonary venous connection

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Abstract Total anomalous pulmonary venous connection (TAPVC) with direct connection of the pulmonary veins to the morphologically right atrium is exceedingly rare other than in the setting of isomerism of the right atrial appendages. We present an interesting case of TAPVC in a patient with situs solitus that connected to the right atrium via a broad-mouthed common chamber.

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PALAVRAS-CHAVE
Conexão anómala total das veias pulmonares; Conexão anómala total de veias pulmonares cardíaca; Conexão anómala total de veias pulmonares supracardíaca

Resumo As variantes de retorno venoso pulmonar anómalo total (RVPAT) que resultam de conexão e de drenagem direta das veias pulmonares à aurícula morfologicamente direita são extremamente raras, exceto no caso de presença de isomerismo direito. Apresentamos um caso de RVPAT, com drenagem à aurícula direita através de um coletor comum, num doente com situs solitus.

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Case report

Total anomalous pulmonary venous connection (TAPVC) with
direct connection of the pulmonary veins to the morpho-
logically right atrium is exceedingly rare other than in the
setting of isomerism of the right atrial appendages. We
present an interesting case of TAPVC that connected to the
right atrium via a broad-mouthed common chamber.

A 42-day-old male baby born at term, weighing 3.5 kg,
presented with history of feeding difficulty and oxygen satu-
ration of 94% on room air. On evaluation he was diagnosed
to have TAPVC to the right atrium with a mildly restrictive
atrial septal defect (ASD) and severe pulmonary hypertension. There was no dysmorphism and no family history of
congenital heart disease.

Echocardiography confirmed situs solitus and levocardia.
All four pulmonary veins were imaged forming a confluence
which opened directly into the right atrium with a mean gra-
dient of 8 mm Hg (Figures 1–3). There was no vertical vein
and the coronary sinus was normal. Individual pulmonary veins
were adequately sized. The ASD was of ostium secun-
dum type, measuring 4.7 mm, with mildly restrictive peak
and mean gradients of 5 and 1 mm Hg, respectively. Sur-
gical exploration revealed all pulmonary veins draining to
the right atrium with a shelf over the opening of the left
pulmonary veins. The patient underwent primary sutureless
TAPVC repair and closure of the ASD with a tanned pericar-
dial patch, and is doing well.

Discussion

Supracardiac TAPVC draining into the innominate vein or
other channels that connect into the systemic venous atrium
is the most common type. Classical cardiac-type TAPVCs
drain into the coronary sinus. TAPVC with direct connection
of the pulmonary veins to the morphological right atrium is
exceedingly rare except in the setting of isomerism right atrial
appendages. In our patient, the muscle-deficient conflu-
ence formed by the pulmonary veins draining to the right
atrial roof was totally unexpected in the setting of normal
atrial situs and normal coronary sinus anatomy. The
gradient at the pulmonary venous confluence to the right
atrium was flow-related, although the ASD was restrictive.
The nomenclature of this defect is itself a point of debate –
though anatomically intracardiac, embryologically it drains
into the supracardinal venous system, mimicking a supracar-
diac TAPVC. Computed tomography is useful to delineate
the size of individual pulmonary veins and the dimensions
of the common chamber and its drainage in TAPVC. Magnetic
resonance imaging is rarely considered in sick neonates,
despite its excellent accuracy, owing to the long duration of
the study. However the same information can be obtained
fairly reliably in most neonates with TAPVC from careful
transthoracic echocardiography. In the case presented, the
surgeon was confident of the size of the common chamber
and the individual pulmonary veins from the echocardiogra-
phic images.

In primary sutureless surgical repair, as performed in our
case, the proximity of the common chamber to both atria
facilitates excellent results with primary surgical repair.
While the initial surgical steps are similar, the required
pericardial patch to close the original connection to the
right atrium is considerably smaller than with other types
of TAPVC. It is to be noted that pulmonary venous drainage
from the right lung tracks right beneath this patch.

Conclusions

Cardiac TAPVC draining to the right atrium is a rare variant
with good surgical results. Anomalous connections to the

![Figure 1](Image)

Figure 1  Subcostal transthoracic echocardiographic views showing the confluence of the pulmonary veins opening into the right atrium and an atrial septal defect with right-to-left shunt. ASD: atrial septal defect; LA: left atrium; LV: left ventricle; RA: right atrium; RV: right ventricle.
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Figure 2 Subcostal transthoracic echocardiographic views showing drainage of the right and left pulmonary veins into the confluent chamber with a broad-mouthed opening into the right atrium. ASD: atrial septal defect; LA: left atrium; LV: left ventricle; RA: right atrium; RV: right ventricle.

Figure 3 High parasternal short-axis echocardiographic views showing the individual pulmonary veins connecting to the confluent chamber. LLPV: left lower pulmonary vein; LUPV: left upper pulmonary vein; RLPV: right lower pulmonary vein; RUPV: right upper pulmonary vein.

right atrium can be diagnosed if there is no ascending or descending vein, the coronary sinus is of normal size and the pulmonary veins can be followed to their site of entry to the right atrium. Though it connects directly to the right atrium, embryologically it should be considered a supracardiac TAPVC. Systematic preoperative workup of TAPVC by a detailed echocardiographic assessment including the size of all individual pulmonary veins, the common chamber and ASD, screening for potential flow obstruction, can obviate the need for additional imaging.

Conflicts of interest

The authors have no conflicts of interest to declare.

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