

Aneurysm of the interatrial septum¹

John H. Wilson, M.D.
Harry M. Lever, M.D.
Douglas S. Moodie, M.D.

A case is reported of aneurysm of the interatrial septum that was initially diagnosed as a right atrial myxoma using angiography. Two-dimensional echocardiography revealed a redundant interatrial septum that showed striking phasic motion. The differential diagnosis and clinical implications are discussed in light of available previous reports of interatrial septal aneurysms.

Index terms: Aneurysm • Heart septal defects, atrial

Cleve Clin Q 53:105-108, Spring 1986

Aneurysms of the interatrial septum are rare lesions that are probably congenital. They may be associated with other congenital defects, and may even be caused by lesions that markedly increase pressure in one atrium. At catheterization these aneurysms may appear as an angiographic filling defect, which may be confused with other lesions such as an intracardiac tumor.¹ The differential diagnosis also includes a thrombus, an atrial septal hematoma,² the Chiari network,³ and the eustachian valve.⁴ Congenital aneurysms of other areas of the left⁵ and right⁶ atrial walls have also been reported.

Case report

A 54-year-old woman was referred for evaluation and treatment of a suspected right atrial myxoma. She had a

history of parasternal pain and tenderness for 17 years. This had previously been diagnosed as Tietze's syndrome. She had no history of fever, systemic illness, heart murmur, nor systolic clicks. Four months before referral, a routine electrocardiogram prior to minor foot surgery was thought to show a previous myocardial infarction. She underwent cardiac catheterization, which showed a right atrial filling defect thought to represent a right atrial myxoma, and she was referred for further evaluation. The coronary arteries were normal.

Physical examination revealed a 54-year-old woman in no distress. Her blood pressure was 140/90. Auscultation of the heart revealed a regular rhythm with a rate of 70 beats per minute. There were no murmurs nor clicks. A fourth beat was present. The lungs were clear. The remainder of the examination was normal. A chemistry profile and a complete blood count were unremarkable. The electrocardiogram (Fig. 1) showed low voltage and left axis deviation. A chest radiograph was normal.

An echocardiogram was obtained and revealed a large aneurysm of the interatrial septum. The interatrial septal aneurysm appeared as a sail-like structure that moved dramatically during the cardiac cycle. It buckled toward the right atrium during late systole and early diastole, and then abruptly moved toward the left atrium during late diastole (Fig. 2). Right-sided cardiac catheterization to rule out an atrial septal defect was undertaken. No oxygen step-up was demonstrated, and injection of contrast material into the right atrium revealed no shunt lesion. A 24-hour holter monitor study revealed a predominant sinus rhythm with premature ventricular beats occasionally in couplets, but no atrial arrhythmias and no tachycardia. The patient was discharged without treatment.

Discussion

Aneurysms of the interatrial septum are usually asymptomatic.⁷ Physical findings are usually normal. The only reported abnormality on physical examination is a midsystolic click.⁸ Abnormalities of electrocardiograms and chest radiographs are usually not present, or are related to the presence of other lesions. Most cases have

¹ Department of Cardiology, The Cleveland Clinic Foundation. Submitted for publication Aug 1985; accepted Oct 1985. ht

0009-8787/86/01/0105/04/\$2.00/0

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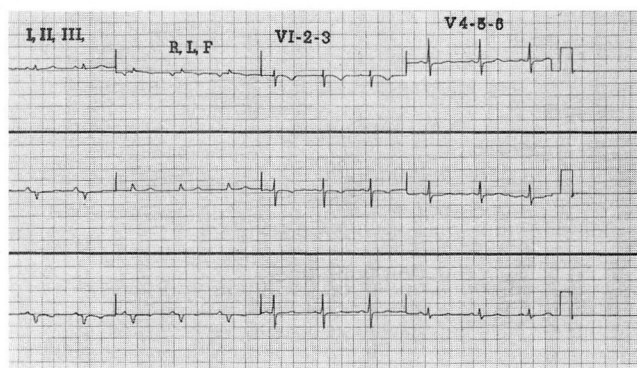


Fig. 1. Electrocardiogram demonstrating low voltage and left axis deviation.

been discovered following catheterization or surgery to define or correct other lesions. In some cases the association appears to be fortuitous, and in others there may be a causal relation. Lesions that cause increased pressure in either the left or right atrium may cause bulging of the septum. Aneurysms of the interatrial septum have been reported in association with tricuspid atresia⁹ and the hypoplastic right-sided heart syndrome,¹⁰ both of which cause increased right atrial pressure, and aortic stenosis,⁴ which causes increased left atrial pressure. Aneurysm of the atrial septum has also been reported in association with other congenital anomalies, including mitral prolapse¹¹ and transposition of the great arteries.⁴ Some cases of atrial septal aneurysm are associated with atrial septal defects.^{4,5} In addition an atrial septal aneurysm following spontaneous closure of an atrial septal defect has been reported.¹² There have been only a handful of cases where an antemortem diagnosis has been made in isolation.¹³

The incidence of these aneurysms at autopsy appears to be much greater than indicated by premortem diagnosis. Silver and Dorsey reported an incidence of 1% in a group of 1,578 autopsies.⁷ All had been asymptomatic. Now that echocardiography⁴ is widely available, the antemortem diagnosis of this condition will almost certainly increase. Other diagnostic methods that have been helpful include cardiac catheterization⁹ and digital subtraction angiography.¹⁴

A characteristic movement of the aneurysm, with bowing into the right atrium during late systole and early diastole, and into the left atrium during late diastole, was seen in our patient, and

has also been described by Canny et al.¹⁵ This movement is probably caused by instantaneous differences in right and left atrial pressures during the cardiac cycle.

Antemortem diagnosis of an aneurysm of the interatrial septum is unusual. Complications do not appear to be common, but embolic events, presumably due to the formation of a thrombus in the aneurysm, can occur.¹⁶ Also, a case of obstruction of the pulmonary veins in a patient with tricuspid atresia has been reported.¹⁷

The optimal management of such patients is not known. While emboli have been reported, the role of anticoagulation has not been established. No cases of endocarditis have been reported in association with this lesion, thus antibiotic prophylaxis would not seem to be indicated. Nor are there reports of ventricular arrhythmias in patients with atrial septal aneurysms. Supraventricular arrhythmias associated with this condition have recently been reported in three neonates.¹⁸

Harry M. Lever, M.D.
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, OH 44106

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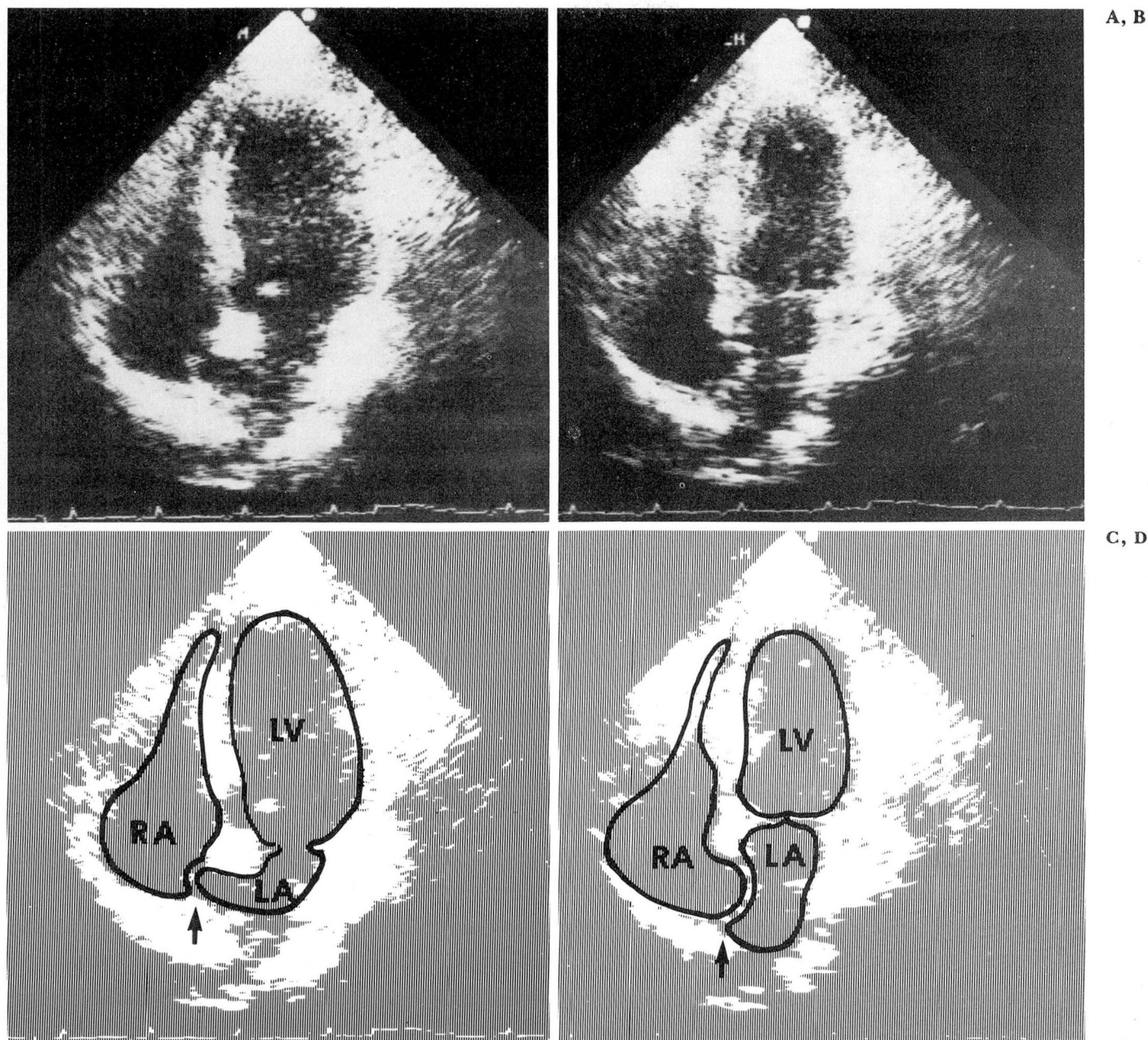


Fig. 2. Two-dimensional echocardiogram in an apical four-chamber view.

A and C. Early diastolic frames demonstrating bowing of the interatrial septal aneurysm into the right atrium.

B and D. Early systolic frames demonstrating bowing of the interatrial septal aneurysm into the left atrium.

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