Surgical Treatment of Giant Left Atrial Diverticulum in an Adult
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Giant left atrial diverticulum is a rare congenital abnormality that is most commonly diagnosed in childhood. Here, we report the case of an 18-year-old woman who presented with chest tightness. Contrast-enhanced computed tomography imaging revealed a 12-cm × 7-cm left atrial diverticulum. After transesophageal echocardiography was used to exclude left atrial thrombus and mitral regurgitation, an isolated left atrial diverticulum resection was performed. The patient had an uneventful recovery.

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Comment

Atrial and ventricular diverticula are extremely uncommon. With the application of dual-source CT, small left atrial diverticula are detected as common anatomic structures with a prevalence of more than 30% [3]. There have been isolated reports of very large left atrial diverticula that extend to the apex of the heart over the ventricular surface [1, 2, 4, 5]. To our knowledge, this is one of the largest left atrial diverticula to be reported.

Giant left atrial diverticula are usually diagnosed in childhood because of the appearance of symptoms [1, 2] and have even been detected using prenatal fetal echocardiography [4]. Diagnosis can be delayed until adulthood when a patient has only the nonspecific symptom of chest tightness without the other characteristic symptoms of concomitant atrial fibrillation, left atrial thrombus, mitral regurgitation, or other cardiac malformations.

Surgical resection was considered appropriate because of the patient’s symptom of compression and the risk of thrombosis and rupture. The operation was performed...
under cardiopulmonary bypass through a median sternotomy because the left atrial diverticulum was giant and thin.

References

Subacute Endocarditis of an Atrial Septal Closure Device in a Patient With a Patent Foramen Ovale

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The role of transcatheter closure of a patent foramen ovale for cryptogenic stroke remains controversial. The most common complications include atrial arrhythmia and bleeding. Infectious complications are exceedingly rare. We describe a 37-year-old man with a history of transient ischemic attacks and a patent foramen ovale who underwent transcatheter closure, complicated by subacute endocarditis of the completely endothelialized device 2 years after placement.


The treatment of patent foramen ovale (PFO) in patient with cryptogenic stroke remains controversial. There have been three multicenter prospective, randomized, controlled trials comparing transcatheter closure with medical therapy, and none has shown a benefit for transcatheter closure. As many as half of PFOs are incidental findings. Determining which patients show the most benefit for closure remains a challenge. Balancing the risks against this uncertain benefit remains a major challenge for clinicians and patients alike. Further studies are needed to clarify which patients will derive the greatest benefit.

A 37-year-old obese man with a history of poorly controlled type I diabetes mellitus, transient ischemic attacks, and transcatheter closure of a PFO in 2011 with an Amplatzer Septal Occluder (St. Jude Medical, St. Paul, MN), presented to the emergency department with diffuse chest pain, diaphoresis, and generalized malaise. After an emergent evaluation for an acute myocardial infarction, including coronary angiogram, was found to...