Correspondence

Pseudo Atrial Septal Defect by Color Flow Imaging in Apical Four Chamber View of Transthoracic Echocardiogram

Sir,

We read with interest the Pictorial CME (Pseudo atrial septal defect by color flow imaging in apical four chamber view of transthoracic echocardiogram) in the October 2008 issue of JAPI.1

The authors have brought out the common mistake committed by inexperienced echocardiographers but there are certain fallacies.

Dropouts in the region of interatrial septum are common on transthoracic echo and should be correlated with clinical findings, evidence of volume overload on the right side in the form of dilatation of right atrium, right ventricle and pulmonary artery, increased tricuspid and transpulmonary flow velocities, septal motion and Doppler signals across the apparent defect. False impression of atrial septal defect (ASD) on 2D and color Doppler is quite common but there is nothing unusual in this finding. This is perhaps the reason why this common finding has not been reported in literature. Improper gain settings and flow from venae cavae and pulmonary veins often may give an impression of flow across the thin septum in apical four chamber view but can readily be confirmed on subcostal views which are considered optimal for assessment of atrial septal defects.2

In the case highlighted, the authors suspected an ASD on the basis of echo dropout of 4.5 mm and apparent color flow across the defect only in apical four chamber view. The authors report that there was no evidence of ASD on subcostal view and there was no other supporting evidence. In spite of this, the authors resorted to trans-esophageal echo (TEE) to rule out ASD which seems inappropriate and sends across a wrong message to the readers. In case subcostal views are not obtained easily (which is often the case in adults), and there is strong clinical suspicion of ASD, then TEE is the obvious choice.

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References


Reply from Author

Sir,

We thank and appreciate Mehrotra and his colleagues for their keen interest in our pictorial CME entitled—“pseudo atrial septal defect by color flow imaging in apical four chamber view of trans-thoracic echocardiogram.”

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References