Congenitally Corrected Transposition of the Great Arteries with Subpulmonic Stenosis

JEFF P. STEINHOFF, M.D., BRIAN HYSLOP, M.D.,* VENUGOPAL MENON, M.D., PARK W. WILLIS IV, M.D.
Divisions of Cardiology and *Radiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

A 38-year-old female was admitted with 3 months of progressive dyspnea. Her electrocardiogram revealed complete heart block, biatrial enlargement, right-axis deviation, left ventricular hypertrophy, and incomplete right bundle-branch block. Inlet-outlet cine magnetic resonance imaging (MRI) (Fig. 1) demonstrated a systemic ventricle (SV) emptying into an anterior and leftward ascending aorta (Ao) relative to a post-stenotic dilated pulmonary artery (PA).

Fig. 1  Inlet-outlet cine magnetic resonance imaging (MRI) shows a systemic ventricle (SV) emptying into an anterior and leftward ascending aorta (Ao) relative to a post-stenotic dilated pulmonary artery (PA).

A horizontal long-axis MRI (Fig. 2) revealed a large ventricular septal defect (VSD). The patient underwent subtotal repair of a “swiss cheese” type of VSD, repair of subpulmonic stenosis, and epicardial pacemaker placement without incident and with marked improvement in her symptoms.

Reference