Unusual Shunt Disease

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CASE
A 23-year-old man presented with palpitation. He had undergone surgical closure of an atrial septal defect at age 3 years. A grade III ejection murmur was heard best at the second right sternal border. Electrocardiography showed first-degree atrioventricular block with right bundle branch block. Chest radiography showed no cardiomegaly or pulmonary edema. The level of B-type natriuretic peptide was 9.7 pg/ml. Transthoracic echocardiographic examination was performed (Fig. 1).

Fig. 1
Transthoracic echocardiography indicated a left ventricle to right atrium shunt (Fig. 1). The pulmonary to systemic blood flow ratio was calculated as 1.1. Subsequent transesophageal echocardiography demonstrated a direct communication from the left ventricular outflow tract to the right atrium (Fig. 2), known as the Gerbode defect, which is a rare type of ventricular septal defect. Specific morphology of the defect foramen was not elucidated because surgical closure was not performed. Holter monitoring showed frequent isolated premature ventricular contractions, which might have caused his palpitations.

Gerbode defect is generally a congenital heart disease, but is possibly acquired secondary to endocarditis. He had no documented previous history of endocarditis. The operative procedure for atrial septal defect remained unclear; we cannot know whether the Gerbode defect was just coincidental to atrial septal defect. In the present case, echocardiography provided useful information in the diagnosis of this unusual shunt disease and in the decision on therapeutic strategy. He has been doing well without any medication.

**Diagnosis**: Left ventricular-to-right atrial shunt (Gerbode defect)

**Key Words**: Heart septal defects; Echocardiography, transthoracic

**References**
