

A Rare Case of Dual Drainage Total Anomalous Pulmonary Venous Connection

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Image Article

Dual vertical vein is rarely described in the literature. We have described a case of dual vertical vein to SVC and portal vein in a neonate with TAPVC.

Dual vertical vein is rarely reported in the literature [1]. A 16 day old male baby weighing 2.5 kg had presented with cyanosis. On echocardiography, diagnosis of obstructed TAPVC (Total Anomalous Pulmonary Venous Connection) was made. CT scan was done which diagnosed it as Dual Drainage TAPVC.

As in the Figure, the RSPV, RIPV and LIPV are forming a confluence behind the left atrium and through a descending vertical channel it is draining to the right side of the portal vein. Another ascending vertical

channel is arising from the LIPV which receives drainage from LUPV and lingular vein and draining into the right SVC (Figure 1).

Mixed TAPVC have been classified by Chowdhury UK, et al. [1] where they have described bilateral symmetrical, bilateral asymmetrical and bizarre variety of drainage of pulmonary veins. TAPVC where all the pulmonary veins are draining into a common chamber and two vertical vein are draining into portal vein and superior vena cava. Proper preoperative anatomical delineation is required for successful repair [2]. This child was operated through midline sternotomy and aorta-right atrial cannulation was done. Common chamber to left atrial anastomosis was done and ascending vertical vein was ligated and descending vertical vein was kept patent to offload. Postoperatively child was discharged with stable condition. CT scan with three dimensional reconstruction is required for delineation of anatomy in TAPVC.

References

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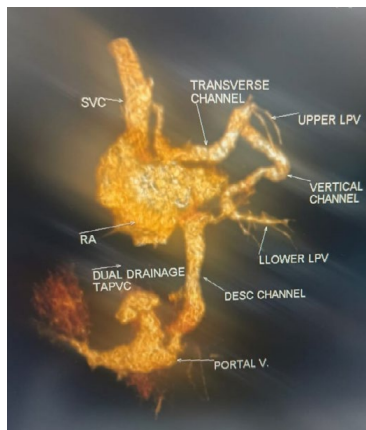


Figure 1: CT scan with 3D reconstruction is showing dual drainage TAPVC.

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Received: 04-Sep-2023, Manuscript No. jcpr-23-112641; Editor assigned: 06-Sep-2023, PreQC No. jcpr-23-112641 (PQ); Reviewed: 20-Sep-2023, QC No. jcpr-23-112641; Revised: 22-Sep-2023, Manuscript No. jcpr-23-112641 (R); Published: 29-Sep-2023, DOI: 10.4172/jcpr.1000216

Citation: Parikh AH, Shraddha Shenoy K, Dhanak S, Mishra A, Halder V (2023) A Rare Case of Dual Drainage Total Anomalous Pulmonary Venous Connection. *J Card Pulm Rehabi* 7: 216.

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