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Persistent left SVC and Absent coronary sinus: Twin clues for right atrial isomerism

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AIM

To demonstrate the utility of the combination of persistent left superior vena cava (PLSVC) and absent coronary sinus as a marker for right atrial isomerism (RAI).

MATERIALS & METHODS

Two fetuses with RAI diagnosed at 19 and 31 weeks of gestation were included. The diagnosis was established on the basis of identification of a symmetric atrial appendage morphology (**Figure 1a,b**) along with associated cardiac and extracardiac anomalies.

RESULTS

Both the fetuses had a PLSVC (**Figures 1c,d**) which was draining into the left sided atrium (**Figures 1e,f**). The usual drainage of PLSVC is into the coronary sinus which in turn opens into the right atrium (**Figures 1g,h**). The coronary sinus could not be identified in both the fetuses with RAI.

CONCLUSION

Gross cardiac malformation usually associated with RAI can divert a sonographer's attention away from the underlying situs anomaly. PLSVC draining into the dilated coronary sinus is a familiar entity in clinical practice. PLSVC is seen in majority of cases of RAI. The normal coronary sinus is not seen in RAI and the PLSVC drains directly into the left sided atrium. Hence, the dual finding of PLSVC with absent coronary sinus can serve as a red flag for RAI.

