Just Another Obstructed Total Anomalous Pulmonary Venous Return (TAPVR)… Or is it?
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Introduction
Cor triatriatum makes up less than 0.1% of all congenital cardiac malformations. Median age of presentation is 6 months, but with some even greater than 5 years of age. We present a case of cor triatriatum with signs of decompensation at 27 days old.

Background
27 day old term female with one week of projectile emesis and cyanosis presented to her primary care physician. Initial SpO2 was in the 70’s. A loud murmur and signs of respiratory distress were present.
- CXR with vascular congestion
- OSH transthoracic echo concerning for TAPVR with hypertrophied RV, dilated RA, and a left atrial confluence of vascular structures. She was immediately transferred to our tertiary care children’s hospital.

Intraoperative course
Once on CPB, a near complete left atrial membrane was identified dividing the confluence of pulmonary veins from the remainder of the left atrium. This membrane was excised and she was successfully weaned off bypass with moderate vasoactive support. Otherwise uneventful intraoperative course.

Postoperative course
Complicated by atrial flutter with heart rate of 270 bpm. She converted to sinus rhythm on the second synchronized cardioversion. Her chest was closed on POD #4 and discharged home the following week. Follow up TTE 4 weeks later with mild TR and normal RV pressures.

Discussion
Cor triatriatum is a rare congenital cardiac lesion usually presenting after the neonatal period. However, signs/symptoms of cor triatriatum mimic the presentation of other neonatal cardiac lesions making the diagnosis challenging (tachypnea, FTT, poor feeding, shock, and cyanosis). Up to 1/3 of patients can require cardiac catheterization for diagnosis. Mortality is correlated with severity of decompensation, other associated anomalies, and/or history of misdiagnosis. If signs of pulmonary venous obstruction are present, immediate surgical repair is indicated.

References: