Left Ventricular Diverticulum

Divertículo de Ventrículo Esquerdo

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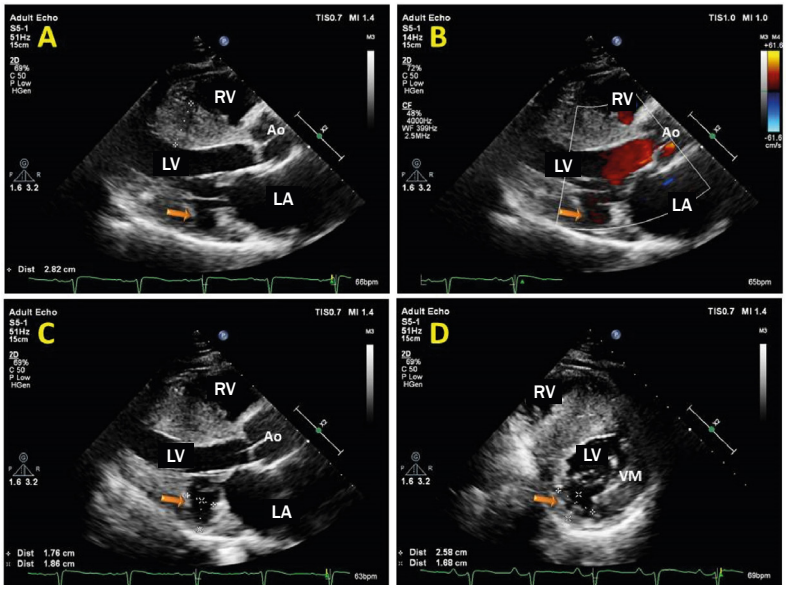
A 45-year-old asymptomatic man diagnosed with asymmetric septal hypertrophic cardiomyopathy was referred for follow-up at the Instituto do Coração (InCor), São Paulo, SP, Brazil. The patient was using atenolol 100 mg/day and had no history of coronary artery disease. Physical examination findings were normal. Electrocardiography showed left ventricular overload and a first-degree atrioventricular block. Echocardiography confirmed hypertrophic cardiomyopathy with the left atrium measuring 52 mm (volume, 54 mL/m^2), septum measuring 26 mm, posterior wall measuring 17 mm, left ventricle end diastolic diameter (LVDD) of 40 mm, and left ventricular ejection fraction of 65%. There were no signs of outflow obstruction. Mild mitral valve regurgitation and moderate diastolic dysfunction (E/e' ratio, 17) were noted. This test identified a protrusion in the basal segment of the inferolateral wall measuring 26 × 17 mm apparently containing all ventricular wall layers and presenting contraction, aspects compatible with a congenital diverticulum and differentiating it from a localized myocardial aneurysm.

Conflict of interest

The authors have declared that they have no conflict of interest.



Ao, aorta; LA, left atrium; LV, left ventricle; RV, right ventricle.

Figure 1 – *(A, B, and C) Transthoracic echocardiogram; longitudinal parasternal window. The arrow identifies a protrusion located in the basal segment of the inferolateral wall compatible with a diverticulum. (D) Short-axis view of the LV.*

Keywords

Cardiomyopathies; Cardiomyopathy, hypertrophic; Ventricular dysfunction, left.

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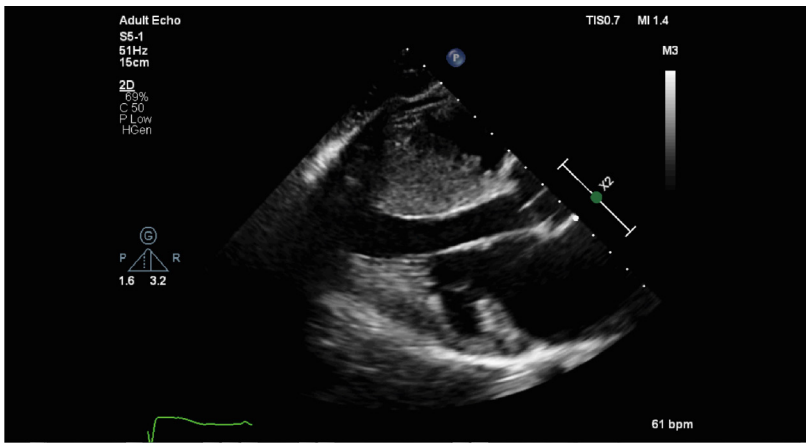
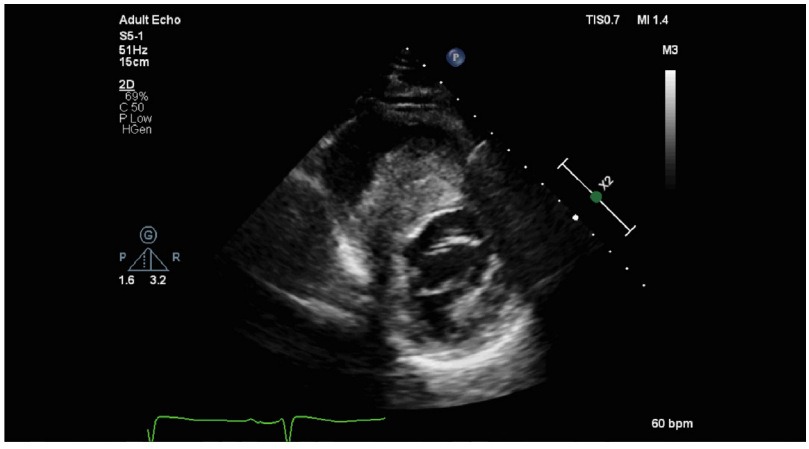
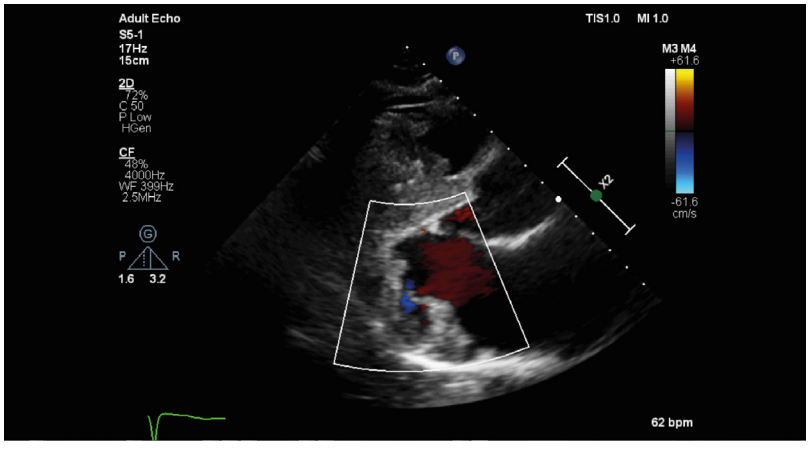
Images



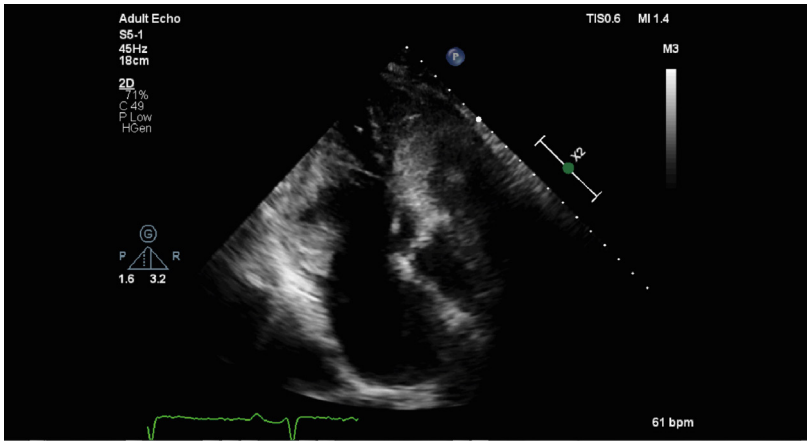
Video 1 – *Transthoracic echocardiography; longitudinal parasternal window.*



Video 2 – *Transthoracic echocardiography; parasternal window, cross-section.*



Video 3 – *Transthoracic echocardiography; longitudinal parasternal window. Doppler with color flow mapping.*



Video 4 – *Transthoracic echocardiography; parasternal apical window (three chambers).*