

Cardiology Images

YOUNG MAN PRESENTING WITH SYNCOPETahir Naveed^a, Muhammad Ayub^a, Rao Shahzad Abdul Tawwab Khan^a

A forty years old man was brought in emergency department with history of sudden loss of consciousness and hypotension, on examination his pulse was not palpable and Blood pressure was 60 /nil mmHg, he was pale and sweaty. ECG on monitor showed ventricular tachycardia. He was given DC shock of 360 J and his rhythm was reverted to normal sinus rhythm (NSR). His base line ECG showed epsilon waves so he was provisionally diagnosed as a case of Arrhythmogenic Right Ventricular Dysplasia (ARVD).

He was referred for 64 slice MDCT to see for fibrofatty infiltration of RV and interventricular septum

Below are the plane and contrast enhanced MDCT images of this patient

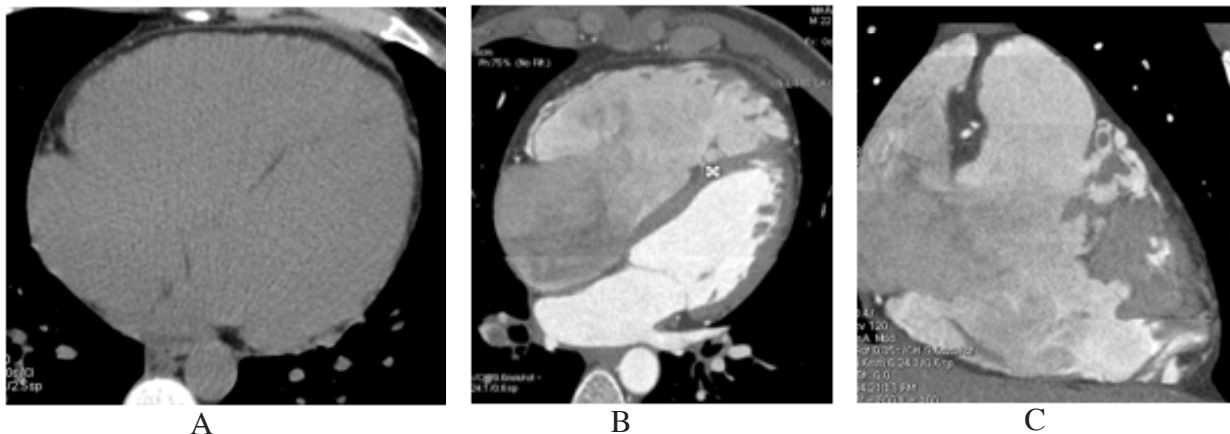
A. The plane image shows pericardial fat (Arrow) against RV free wall suspicion of fat in the Interventricular Septum

B. C.

The Contrast enhanced images show dilatation of Right Ventricle (RV) without pocketing (aneurysms) of RV free wall near apex, the myocardium of the RV free wall is thinned out. There is no definite evidence of fat infiltration of myocardium of RV. The Interventricular Septum (IVS) did not show any fat and attenuation value of IVS was around 111. The Right ventricular outflow tract (RVOT) shows an aneurysm with clot in it.

Sixty Four slice MDCT is useful diagnostic imaging modality for the evaluation of patients with

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ARVD. It can do both qualitative and quantitative assessment for RV muscle, RV and IVS fat infiltra-

tion, RV trabeculations, RV function and scalloping and aneurysms of RV free wall and RVOT¹.

REFERENCES

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