EuroIntervention

Kartagener's Syndrome

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All authors have no conflict of interest to declare.

This paper also includes accompanying moving images published at the following website: www.eurointervention.org

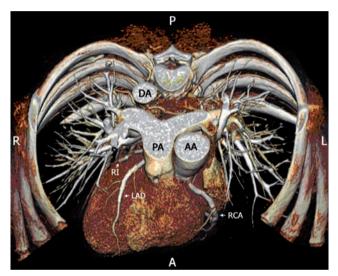


Figure 1. Dual source 64 multi-slice computed tomography volumerendered image of the heart and the thoracic cage demonstrating the dextrocardia.

AA: ascending aorta; DA: descending aorta; LAD: left anterior descending; LCX: left circumflex; PA: pulmonary artery; RCA: right coronary artery; RI: ramus intermedius; A: anterior; L: left; P: posterior; R: right

A 46-year-old man with Kartagener's Syndrome (primary ciliary diskinesia, autosomal recessive disorder with dextrocardia, situs inversus, bronchiectasis and paranasal sinusitis) presented with new onset angina. Coronary arteriography revealed severe three-vessel disease with occluded left anterior descending and circumflex coronary arteries. Due to severe pulmonary disease, coronary artery bypass surgery was not considered as the first therapeutic option. He underwent successful percutaneous multivessel revascularisation with implantation of paclitaxel-eluting stents. Control coronary angiography nine months after the procedure revealed no signs of restenosis. The patient remains asymptomatic at two years.

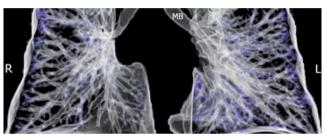


Figure 2. Dual source 64 multi-slice computed tomography volumerendered image of the lungs depicting the extensive bronchiectasis. MB: main bronchus; L: left; R: right

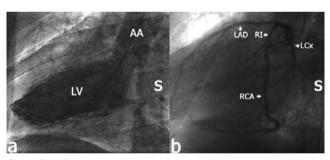


Figure 3. Left heart ventriculography (a) and post-procedural simultaneous left and right coronary arteriography (b) in left anterior oblique projection showing the long axis of the heart.

AA: ascending aorta; LAD: left anterior descending; LCx: left circumflex; LV: left ventricle; RCA: right coronary artery; RI: ramus intermedius; S: spine

Online data supplement

Video 1. Angiography coronaries Video 2. Angiography left ventricle Video 3. MSCT coronaries Video 4. MSCT dextrocardia

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