Persistent Left Superior Vena Cava (PLSVC) with Anomalous Hepatic Venous Drainage

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A 74-year-old man complaining of dyspnea on effort was diagnosed as having congestive heart failure. An echocardiogram demonstrated ostium secundum atrial septal defect (ASD) and a dilated coronary sinus. In addition, multidetector-row computed tomography (CT) revealed a persistent left superior vena cava (PLSVC), and the left hepatic vein drained directly into the right atrium at the junction of the coronary sinus (Picture). Surgical repair for ASD was performed under cardiopulmonary bypass with four venous cannulas.

PLSVC is a rare but important congenital anomaly reported to be present in approximately 0.4% of the population, and complication with anomalous hepatic venous drainage is remarkably uncommon (1, 2). CT angiography is a preferred modality for diagnosing PLSVC and evaluating the full extent of vascular anomalies. Although PLSVC is not life-threatening, it does affect procedures such as venous catheterization. Therefore, it is important to determine the patient’s precise anatomy using CT angiography in advance.

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References