

A CASE OF CONGENITALLY CORRECTED TRANSPOSITION OF GREAT ARTERIES(CC-TGA) WITH EBSTEIN'S ANOMALY IN A CASE OF ATRIAL FIBRILLATION***Dr. Vijit Jain, Dr. Santwana Chandrakar and Dr. Samhita Purandare**

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INTRODUCTION

Looped-TGA, also known as cc-TGA is an extremely rare clinical manifestation of cyanotic heart disease. cc-TGA accounts for 0.5-1% of all the cases of congenital heart diseases while Ebstein's Anomaly accounts for <1% of all congenital heart diseases all over the world. Ebstein's Anomaly with cc-TGA is seen in about <0.5% of cases of all congenital heart diseases worldwide. The incompetent right ventricle is faced with an enormous workload and eventually, heart failure sets in these patients if cc-TGA remains undiagnosed and untreated.

- **Case Presentation:** The case of a 45-year-old Indian female who presented with chief complaints of shortness of breath (NYHA grade II), palpitations for 2 days, and frequent syncopal attacks for the past month. On arrival, the patient was hypotensive with a blood pressure of 80/60 mm Hg and a Pulse rate of 64 beats per minute which was irregularly irregular in rhythm.
- The patient was on the following medications:-
- Tab Metoprolol 50 mg 1-0-0
- Tab Warfarin 5 mg 0-0-1 (monday-wednesday-friday)
- Tab Warfarin 7 mg 0-0-1 (tuesday-thursday-saturday)
- Tab Sacubitril+Valsartan (24/26 MG) 1-0-0
- Tab Torsemide 10 mg 1-0-0
- Electrocardiography showed absent q-wave in V5, V6, and absent r-wave in V1 with Sick Sinus syndrome. Echocardiogram showed atrio-ventricular valve (A-V) discordance and Ventriculo-arterial(V-A) discordance with situs solitus and ventricular inversion with Ebstein's anomaly of left atrio-ventricular valve with right ventricle as systemic ventricle. Mild Tricuspid regurgitation was noted.
- Chest X-ray showed a classic Egg on string appearance.
- The patient is now being posted for Dual Chamber Permanent Pacemaker Implantation.

etc. which can occur in 90% of diagnosed cases of cc-TGA due to morphological R-V and delicate tricuspid valve supporting the systemic circulation as a result of A-V and V-A discordance. The mainstay of treatment is to reduce the afterload on R-V and improve R-V dysfunction using Angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, and beta blockers, also Digoxin or anticoagulants like warfarin may be used for arrhythmias.

DISCUSSION

cc-TGA presents with a multitude of clinical presentations depending on the presence and severity of associated cardiac lesions and the development of right ventricular(R-V) dysfunction; cardiac lesions being atrial fibrillation, tricuspid regurgitation, pulmonary stenosis,