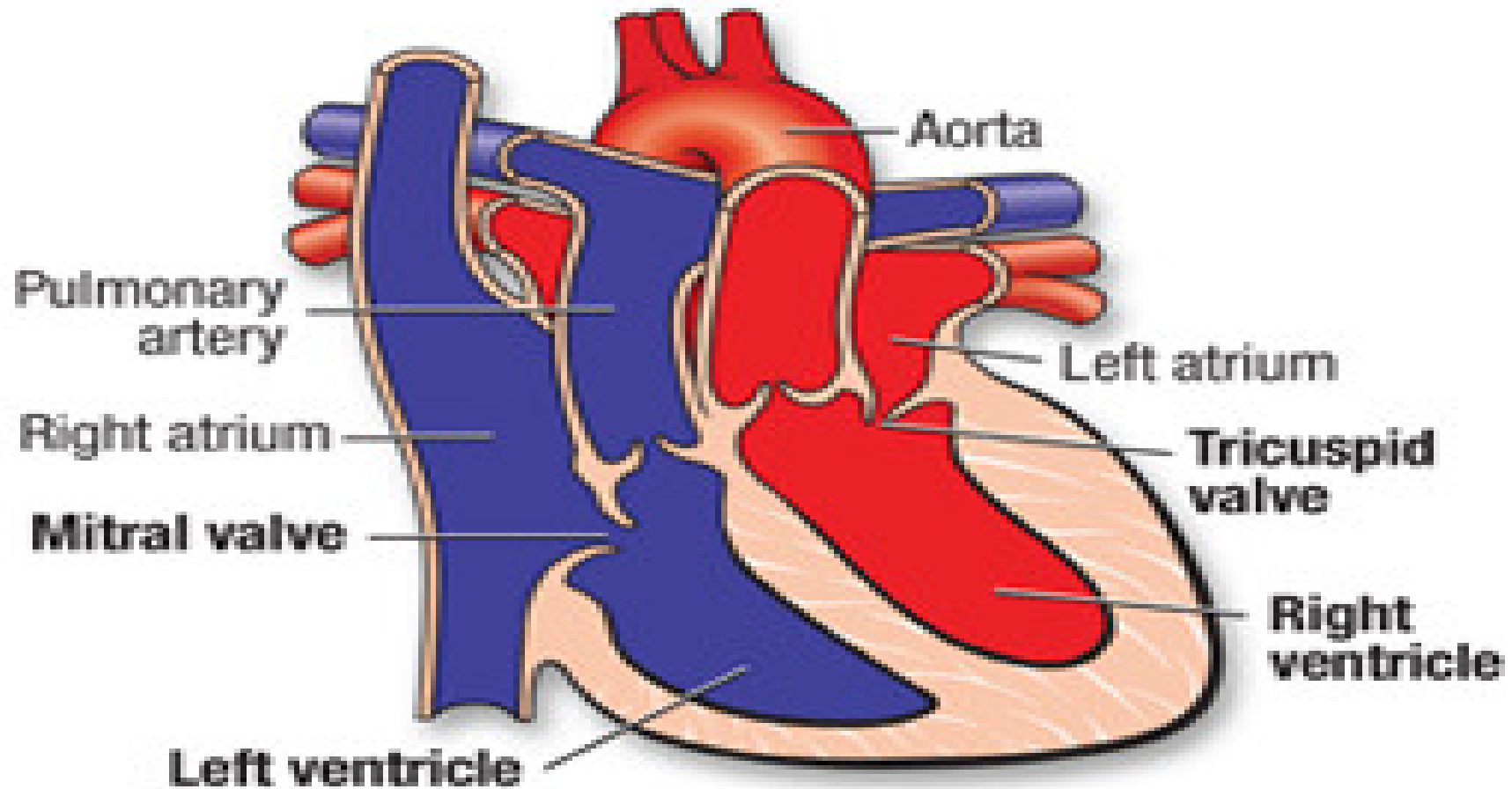


**“CORRECTED BUT BADLY
CONNECTED”
L-TYPE TRANSPOSITION**

**IRENE FLYNN
EAGLE LODGE MEDICAL CENTRE**

WHAT IS IT ?

L-Transposition of the Great Arteries (Congenitally Corrected Transposition)



CASE STUDY

- 68 year old female presented with recurrent SOB
- Dizzy spells
- Previous EF 25%
- ICD implanted in 2008
- Hypothyroidism

SOCIAL HISTORY

- Single lady, lives alone
- Never smoked, alcohol seldom

ON EXAM

- Pulse 92, regular
- BP 122/68

CURRENT MEDICATIONS

- Crestor
- Eltroxin
- Galfer FA
- Xanax
- Prozac
- Nexium

TESTS PERFORMED

- ECG
- Chest X-Ray
- ECHO

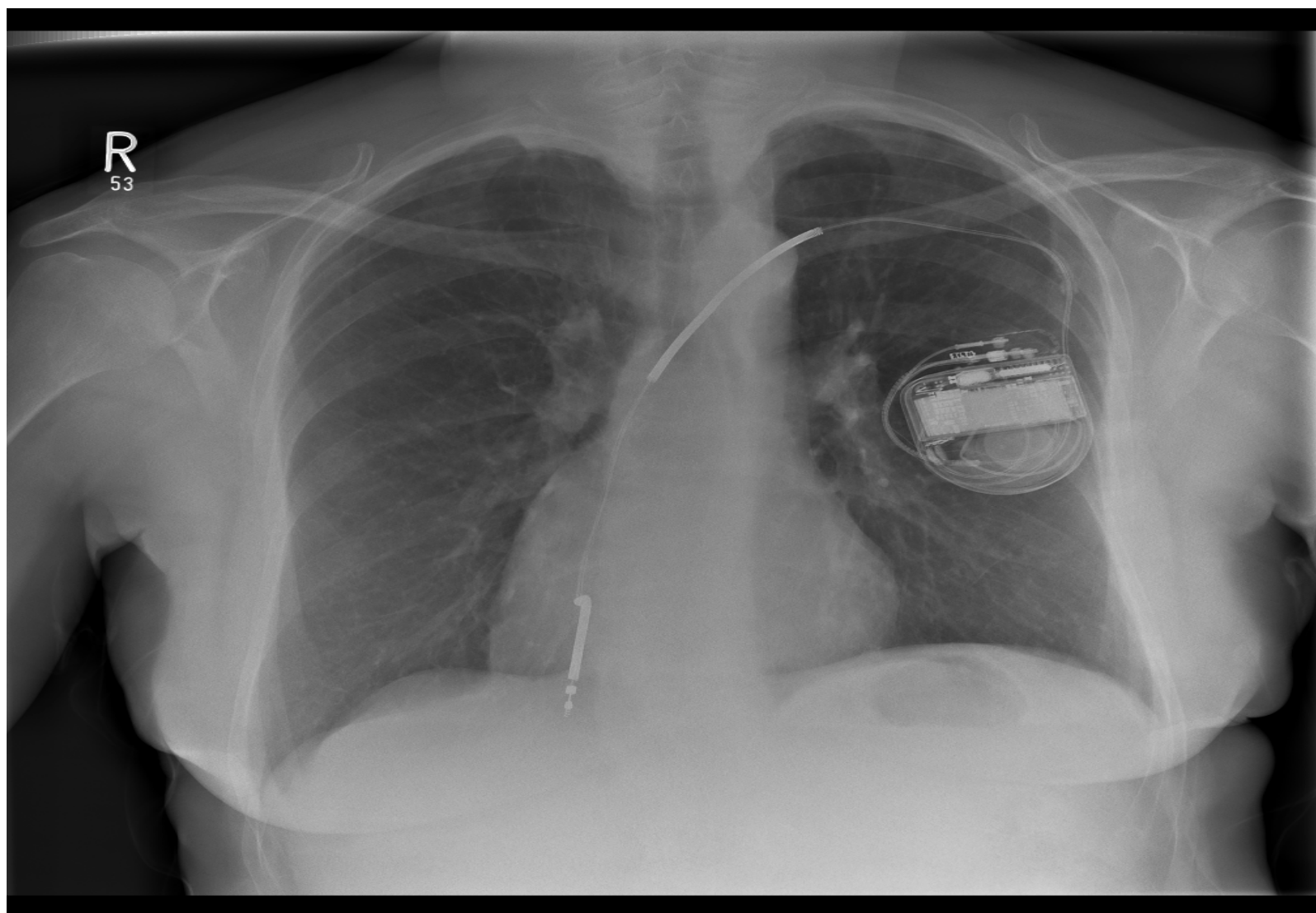
ECG



Chest X Ray

- Straightened left heart border
- Side-by-side great arteries instead of the aorta and pulmonary arteries twist around each other
- Heart positioned mid line

CHEST X-RAY



ECHO IMAGES

PHILIPS O'DONNELL, MARY
250641

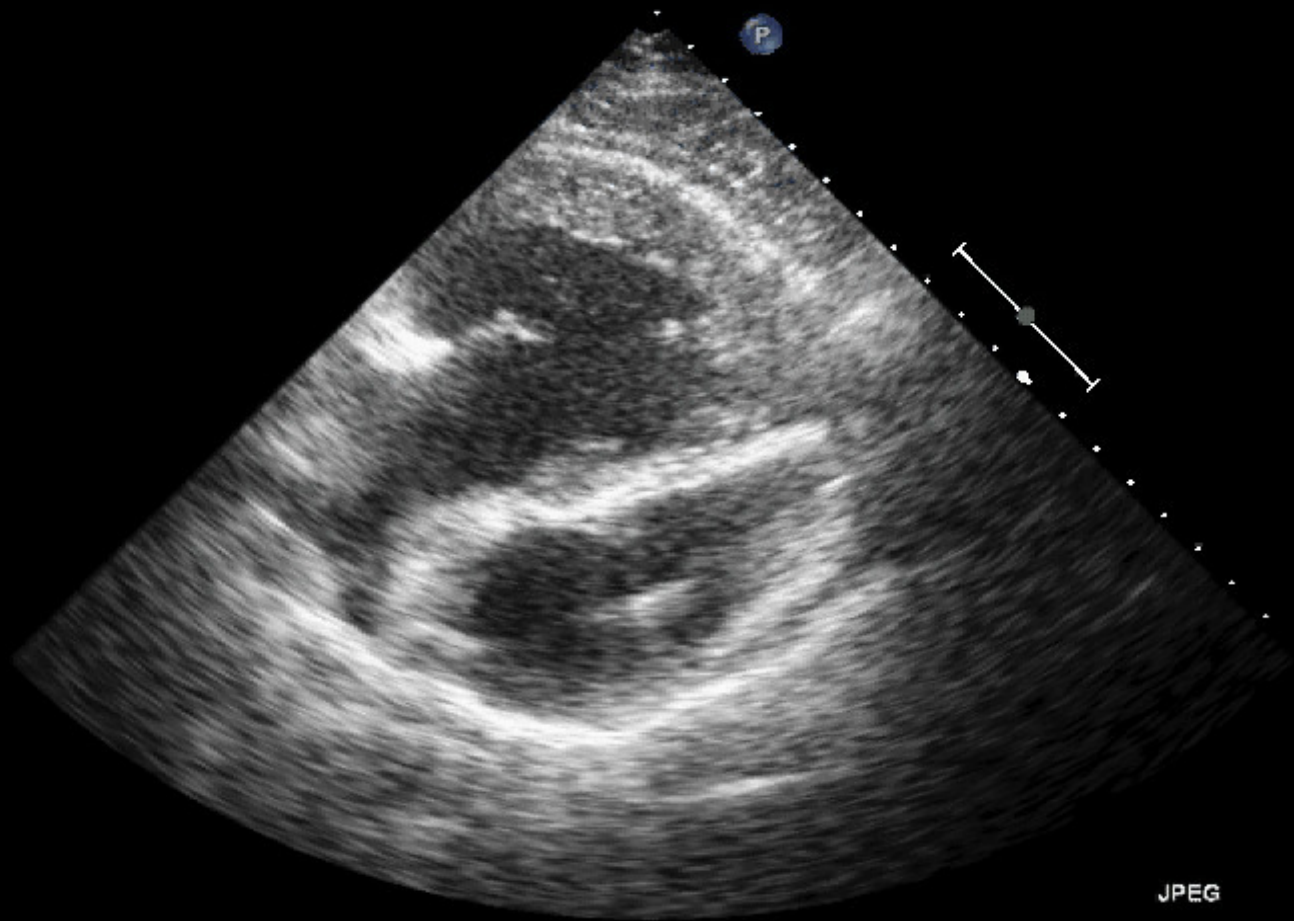
23/09/2009 12:11:17
S5-1/EL

TIS0.7 MI 1.4

FR 43Hz
19cm

2D
72%
C 50
P Low
HGen

M3



JPEG

83 bpm

PHILIPS O'DONNELL, MARY
250641

23/09/2009 12:14:41
S5-1/EL

TIS0.7 MI 1.4

FR 43Hz
19cm

2D
72%
C 50
P Low
HGen

M3



JPEG

80 bpm

PHILIPS O'DONNELL, MARY
250641

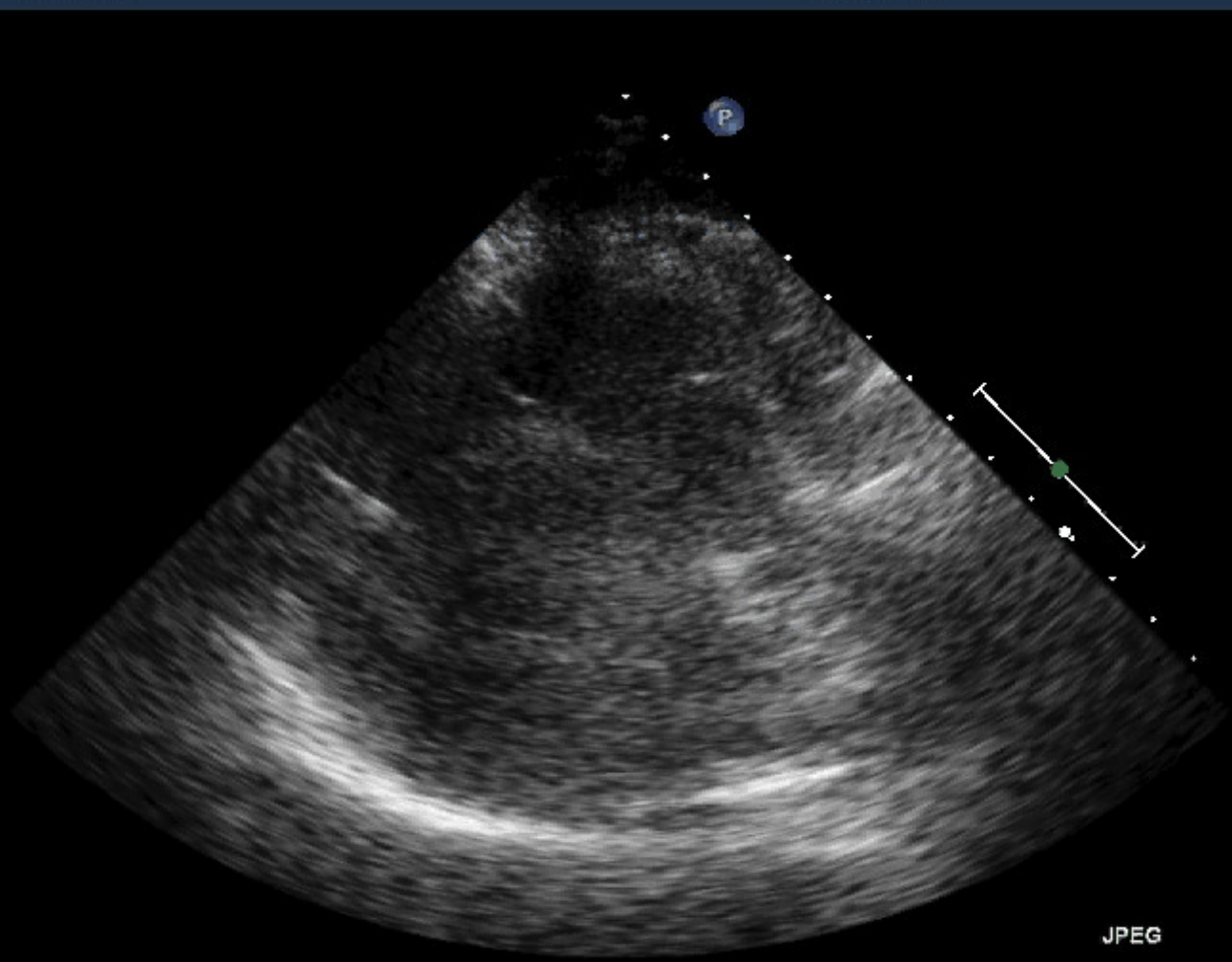
23/09/2009 12:18:35
S5-1/EL

TIS0.8 MI 1.4

FR 50Hz
15cm

2D
64%
C 50
P Low
HGen

M3



JPEG

72 bpm

PHILIPS O'DONNELL, MARY
250641

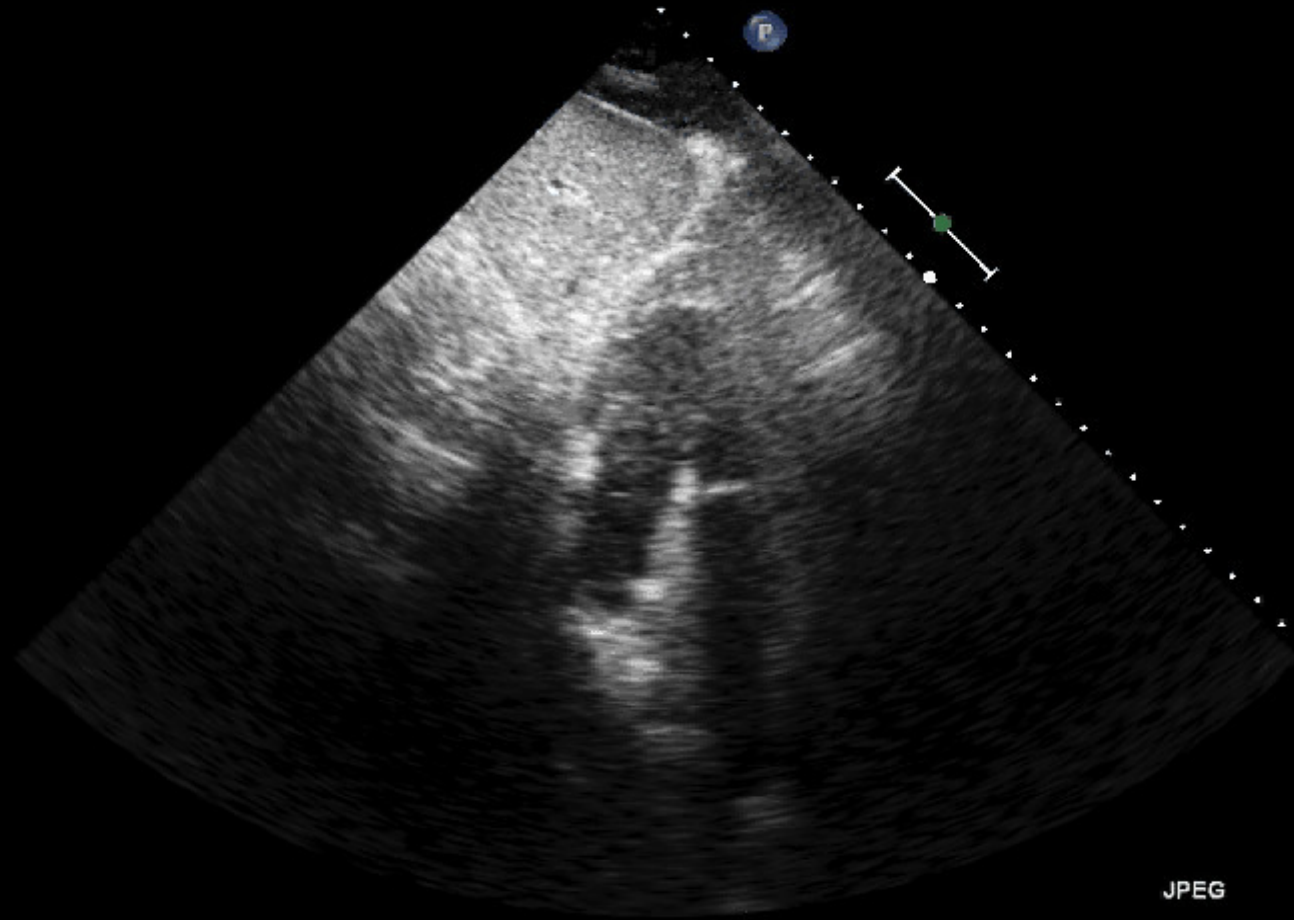
23/09/2009 12:19:54
S5-1/EL

TIS0.6 MI 1.4

FR 35Hz
26cm

M3

2D
75%
C 50
P Low
HGen



JPEG

81 bpm

PHILIPS O'DONNELL, MARY
250641

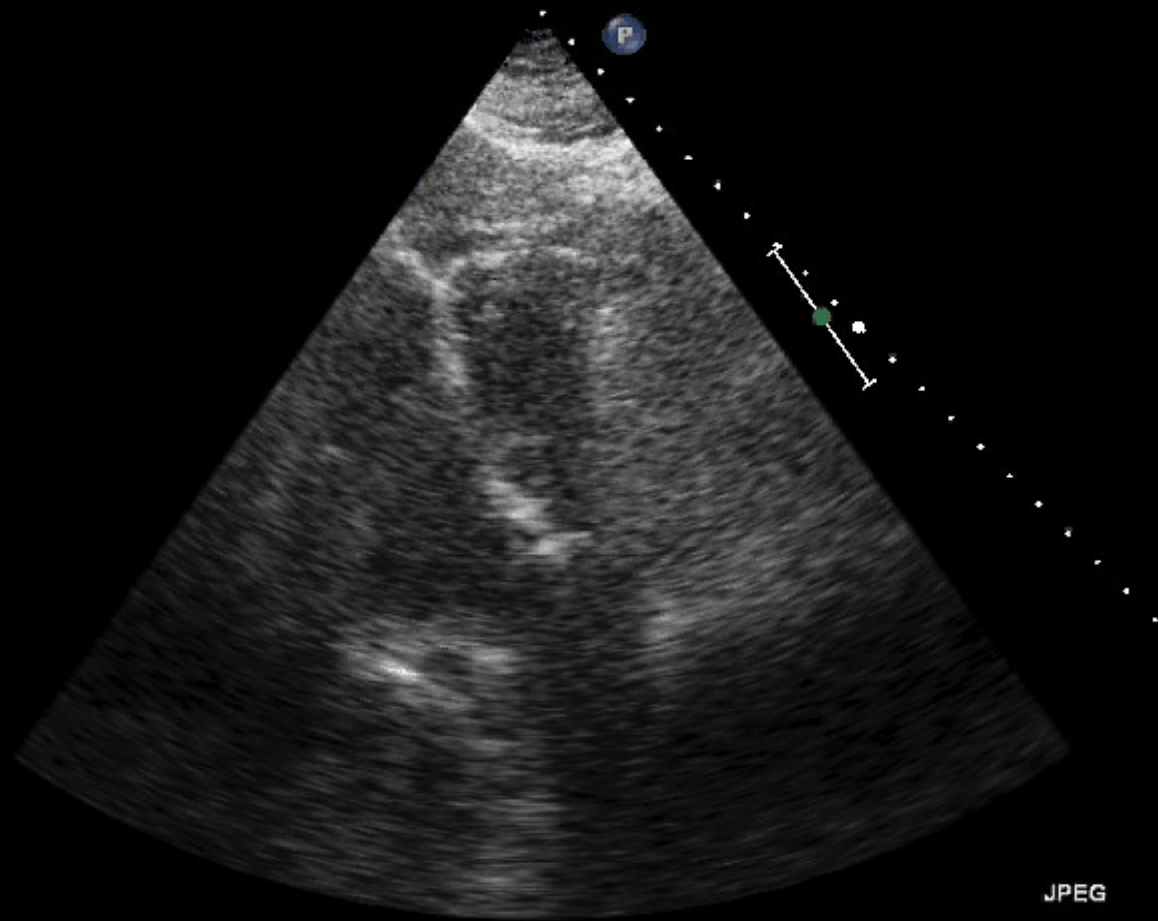
23/09/2009 12:21:12
S5-1/EL

TIS0.6 MI 1.4

FR 49Hz
22cm

2D
73%
C 50
P Low
HGen

M3



JPEG

77 bpm

PHILIPS O'DONNELL, MARY

29/06/2009 14:55:38

TIS2.4 MI 1.1

25/06/1941 250641MOD

S5-1/EL

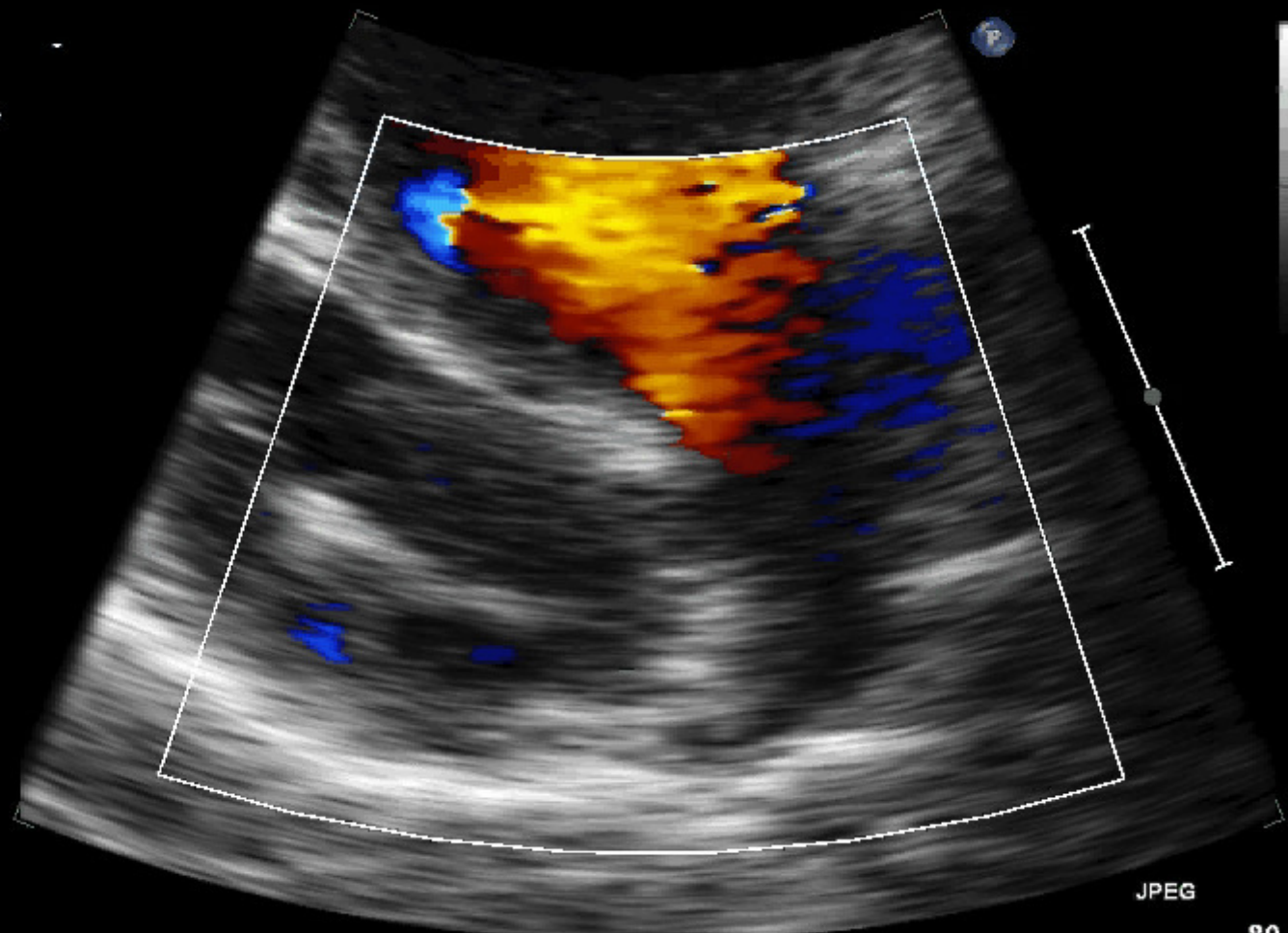
FR 15Hz
17cm

2D

63%
C 50
P Low
HGen

CF

66%
2.3MHz
WF High
Med



JPEG

89 bpm

PHILIPS O'DONNELL, MARY

29/06/2009 14:59:05

TISO.9 MI 1.4

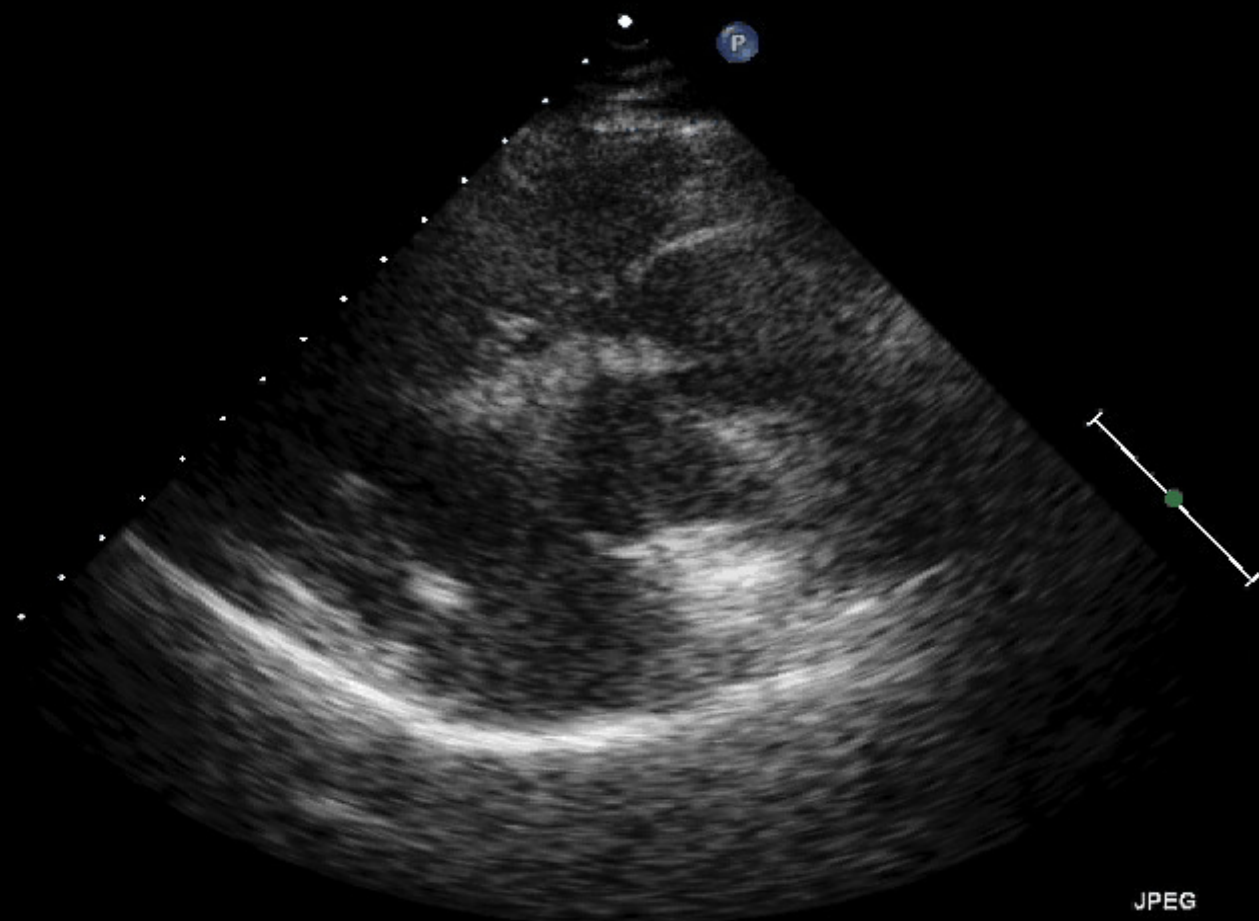
25/06/1941 250641MOD

S5-1/EL

FR 49Hz
16cm

2D
59%
C 50
P Low
HGen

M3



JPEG

94 bpm

PHILIPS O'DONNELL, MARY

29/06/2009 15:00:48

TIS0.9 MI 1.4

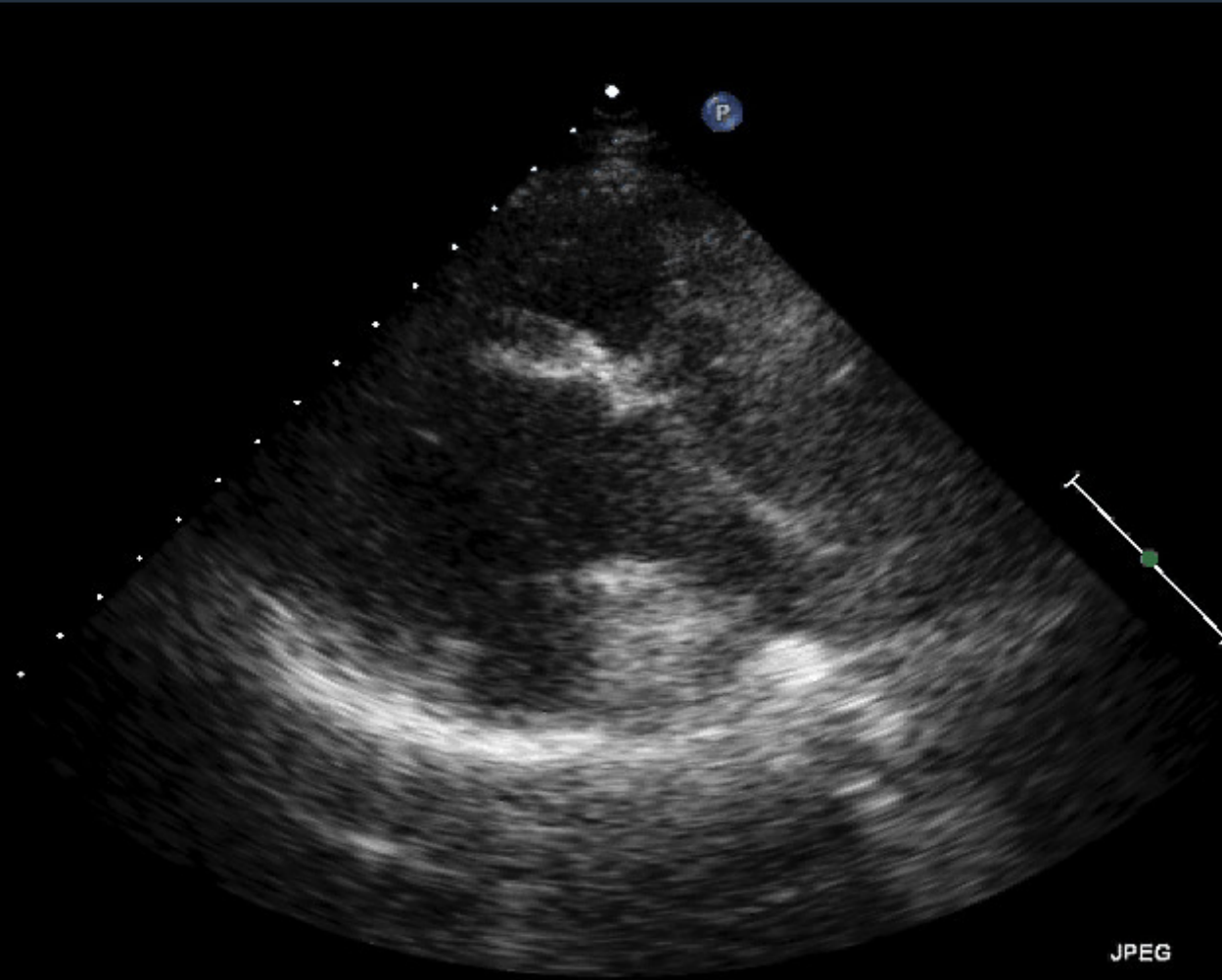
25/06/1941 250641MOD

S5-1/EL

FR 49Hz
16cm

2D
59%
C 50
P Low
HGen

M3



JPEG

89 bpm

L-TRANSPOSITION

- Can be thought of as isolated ventricular inversion; in which the morphologic right ventricle is to the left of the morphologic left ventricle
- Diagnosis rests on demonstration of abnormal atrioventricular and ventriculoarterial connections

IDENTIFYING FEATURES

- Presence of the moderator band in the RV
- Apical displacement of the left-sided TV
- The great arteries arise in parallel
- Ventricles are oriented in a side-by-side fashion

WHAT'S THE PROBLEM?

- The presence of ventricular inversion with ventriculoarterial discordance has been called physiologically corrected transposition because these 2 anomalies in sequence ensure that blood flow continues in its usual physiologic pathway

ASSOCIATED ANOMALIES

- Apical displacement of the TV (Ebstein's)
- Perimembranous VSD (70%)
- Valvular or subvalvular PS
- ASD/PFO
- Dextrocardia present in 25% of patients

SUMMARY

- L-type transposition is rare only 5,000 to 10,000 in the whole of the United States
- Our case study represents the clinical/morphological spectrum of this disease
- This case emphasises the skill needed by echocardiographers in securing a diagnosis



Thank
You