- 24 **Charlton J**, Murphy M. *The health of adult Britain 1841–1994*. London: Stationery Office, 1997.
- 25 **Labarthe DR**. Stroke. In: *Epidemiology and prevention of cardiovascular diseases: a global challenge*. Gaithersburg: Aspen Publishers, 1998, 43–72, 73–90.
- 26 **Kuh D**, Davey Smith G. The life course and adult chronic disease: an historical perspective with particular reference to coronary heart disease. In: Kuh D,

- Ben-Shlomo Y, eds. *A life course approach to chronic disease epidemiology*, 2nd edn. New York: Oxford University Press, 2004:15–37.
- 27 **O'Reilly D**, Connelly S, Rosato M. An overview of mortality in Northern Ireland: past and present. A report for the Registrar General. NISRA, 2005 (in press).
- 28 **Muntner P**, He J, Cutler JA, et al. Trends in blood pressure among children and adolescents. *JAMA* 2004;291:2107–13.

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Persistent left superior vena cava demonstrated with M mode echocardiography and multislice spiral computed tomography

A 28 year old woman was referred for evaluation of palpitations. A transthoracic echocardiogram in the parasternal long axis view demonstrated an echolucent structure located in the atrioventricular groove (panel A), indicative of a notably dilated coronary sinus. After injection of intravenous contrast into the left median cubital vein, the parasternal M mode echocardiographic view (panel B) revealed bolus opacification in the coronary sinus (arrow) before opacification in the right ventricle (asterisk), confirming direct drainage into the coronary sinus. After injection into the right median cubital vein (panel C), opacification was seen in the right ventricle first (asterisk), with some reflux into the coronary sinus later (arrow), which was less dense compared to the previous injection. This confirmed the presence of a persistent left superior vena cava (PLSVC). Panel

D is a three dimensional computed tomographic reconstruction showing the posterior view of the PLSVC, including the origin, draining into a notably dilated coronary sinus (CS).

A PLSVC is a common cause of a notably dilated coronary sinus, and is found in approximately 0.5% of normal individuals. A PLSVC is generally of no pathophysiological consequence. The echocardiographic differential diagnoses include a loculated pericardial effusion, an abscess in the atrioventricular groove, or the structure can sometimes be mistaken for the descending aorta.

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