Left superior vena cava, a remnant of embryological development

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Figure 1. Anterior-posterior chest roentgenogram (for abbreviations, see text).

Figure 2. Lateral chest roentgenogram (for abbreviations, see text).

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A 46-year-old Brugada syndrome patient underwent insertion of a dual-chamber implantable cardioverter-defibrillator (ICD), revealing a left-sided superior vena cava (SVC), (figure 1), running, characteristically, left from the sternum and flowing into the great cardiac vein. Following this course, the atrial lead was placed in the right atrium (RA) (figure 2, arrow, note dorsal position). The ventricular lead was inserted through the connecting anonymous vein between left and right SVC (figure 1, double arrow), into the right SVC and right ventricle (RV). The presence of a left superior vena cava results from the persistence of the embryonic

left anterior cardinal vein. This anomaly is present in approximately 0.5% of the general population and in 3 to 5% of persons with other congenital heart defects, as established by autopsy.¹ LSVC is strongly associated

In this section a remarkable 'image' is presented and a short comment is given.

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with an unroofed coronary sinus, where there is communication between the coronary sinus and left atrium.

Recognising this remnant of embryological development is crucial for catheter placement, such as pacemakers/ICDs, and Swan-Ganz catheters inserted through the left jugular vein.^{2,3} ■

References

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