CORRESPONDENCE

Cor Triatriatum Sinister: Histopathologic Remarks

To the Editor:

Eichholz and colleagues¹ have reported an interesting case of cor triatriatum sinister in an adult. In their article, as in others on the same subject, histopathologic characteristics of the membrane excised from the atrium are not reported. Here, we would like to report a similar case, one followed by a histopathologic study.

We operated on a 19-year-old woman for cor triatriatum sinister, subtype A2 according to the Lam classification. The surgical procedure consisted of excising the typical fenestrated diaphragm from the left atrium. The mitral valve, which appeared to be mildly thickened and stiff without apparent incompetence on saline testing, was excised and replaced. Of note, histologic study revealed a completely altered structure of the mitral valve: its principal layers—the spongiosa, fibrosa, and atrialis/ventricularis—appeared to have been replaced by a homogeneous fibrous tissue, with fibroblasts and with no elastic component. The endocardial sheet was almost absent. The membrane excised from the left atrium had the same histologic appearance.

Rare observations of mitral pathologic conditions concomitant to cor triatriatum sinister include myxomatous degeneration, hypoplasia, and atresia.²⁻⁴ Our experience, although limited to a single case, suggests that alterations of the mitral valve can be associated with other congenital anomalies of the left atrium. Accordingly, when congenital anomalies such as cor triatriatum are discovered in adults, a careful search should be performed for a concomitant pathologic condition that might predispose the mitral valve to subsequent malfunction. This investigation can be achieved with use of modern imaging tools, such as real-time 3-dimensional transesophageal echocardiography and cardiac magnetic resonance.

*Antonio Manenti, MD,
Pamela Sighinolfi, MD,
Corrado Fedeli, MD, and
Enrico Giuliani, MD,
Departments of General Surgery
and Pathological Anatomy,
University of Modena,
Modena, Italy*

References

1. Eichholz JL, Hodroge SS, Crook JJ 2nd, Mack JW Jr, Wortham DC. Cor triatriatum sinister in a 43-year-old man with syncope. *Tex Heart Inst J* 2013;40(5):602-5.
2. Alphonso N, Norgaard MA, Newcomb A, d'Udekem Y, Brizard C, Cochrane A. Cor triatriatum: presentation, diagnosis and long-term surgical results. *Ann Thorac Surg* 2005;80(5):1666-71.
3. Wong CK, Leung WH, Cheng CH, Lau CP, Cheung DL. Myxomatous mitral valve degeneration complicating asymptomatic cor triatriatum. *Clin Cardiol* 1989;12(1):48-50.
4. Nassar PN, Hamdam RH. Cor triatriatum sinistrum: classification and imaging modalities. *Eur J Cardiovasc Med* 2011;1(3):84-7.

<http://dx.doi.org/10.14503/THIJ-14-4273>

Letters to the Editor should be no longer than 2 double-spaced typewritten pages and should generally contain no more than 6 references. They should be signed, with the expectation that the letters will be published if appropriate. The right to edit all correspondence in accordance with Journal style is reserved by the editors.