

Atrial septum aneurysm: an unusual manifestation in ADPKD?

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A 26-year-old female was referred to our hospital for autosomal dominant polycystic kidney disease (ADPKD). The patient was normotensive and all the laboratory data were normal. An echocardiogram revealed an atrial septum aneurysm (ASA) bulging into the right atrium (Fig. 1a) with a normal ejection fraction (57 %). Both a trans-esophageal echocardiogram and a cardiac nuclear magnetic resonance confirmed the ASA (Fig. 1b), and showed three small foramina without a significant shunt.

The association between ASA and ADPKD is rare and only 2 cases are reported in the literature [1, 2]. However, some observations could suggest that alterations in connective tissue may underlie the pathogenesis of ASA in ADPKD. At first, ADPKD presents multiple extra-renal manifestations secondary to connective tissue abnormalities, like artery aneurysms; moreover, polycystins are essential to

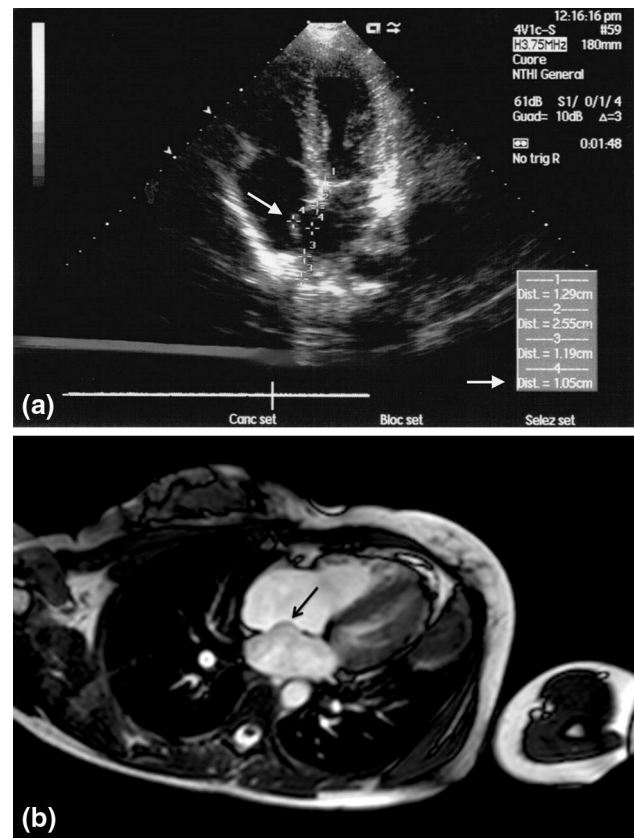


Fig. 1 **a** Echocardiography image showing the thin, floppy, hypermobile inter-atrial septum aneurysm that protrudes by 1.05 cm in the right atrium during the cardiac cycle (*arrows*). **b** Four-chamber balanced TFE cardiac MR image confirming the presence of the inter-atrial septal aneurysm (*arrow*)

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development of interventricular and interatrial septa [3]. Finally, various connective tissue dysplasias, as Marfan syndromes, have been associated with ADPKD [4, 5].

Conflict of interest The authors have no conflicts to disclosure.

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