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*Topic:* **PRE-PARTICIPATION SCREENING, SPORT ELIGIBILITY AND PREVENTION**

## **Title**

INCIDENTAL ECHOCARDIOGRAPHIC FINDING OF COR TRIARIATUM SINISTER IN 43Y OLD TRIATHLETE

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## **Body**

A 43 healthy old Triathlete was referred to our sports medical center for screening preparticipation and abilitation in the triathlon competition. This athlete has been active in race triathlon and long distance cycling competition for the last 10 years, His family history revealed no known congenital or other cardiovascular disease and no known causes of premature sudden cardiac death in close relatives. He had no relevant past medical history and physical examination was unremarkable. Resting 12-lead Electrocardiogram showed a sinus bradycardia and incomplete right bundle block. The cycloergometer and treadmill maximal exercise test showed a good performance, absence of any electrocardiographic abnormality, and maximal heart rate of 165-170 bpm. Transthoracic echocardiogram demonstrated a left atrium divided into two compartments by a incomplete membrane appearing an incomplete thin diaphragm in all echographic windows. Mitral valve appeared slightly dysplastic with mild regurgitation. Pulmonary artery pressure was estimated to be 25 mmHg. Hence the filling pressure were not elevated and the athlete was asymptomatic. Suspected diagnosis of Cor Triatriatum Sinister was performed. Subsequent echo 2D performed by expert echocardiographer and Cardiac RMI confirmed the diagnosis of Non obstructive Cor Triatriatum Sinister. The literature review has suggested that cor triatriatum has been incidentally diagnosed in asymptomatic adults, however in addition, this case provides new anatomical information on this congenital heart disease, and then explains the coexistence of excellent physical performance in the presence of a congenital heart defect.