LETTER TO THE EDITOR

Giant atria in a patient with systemic lupus erythematosus

B. Weijs[1]*, P. van Paassen[2], S.C.A.M. Bekkers[1]

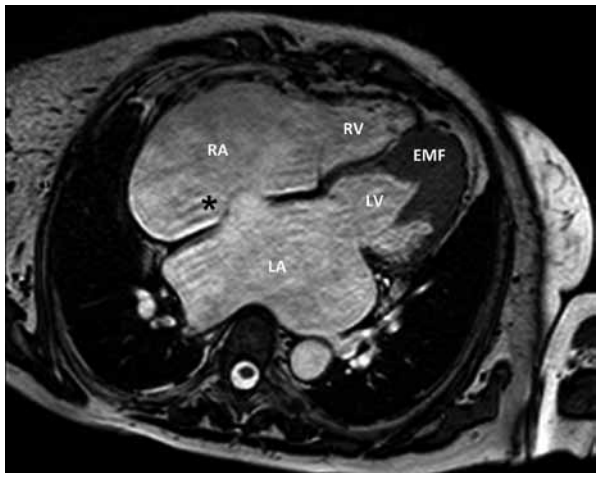
Departments of [1]Cardiology, [2]Clinical and Experimental Immunology, Department of Internal Medicine, CARIM, Maastricht University Medical Centre, the Netherlands, *corresponding author: tel.: +31 (0)43-387 51 19, fax: +31 (0)43-387 51 04, e-mail: b.weijs@mumc.nl

Cardiac disease is common among patients with systemic lupus erythematosus (SLE) and includes endomyocardial fibrosis (EMF).[1] However, the far-reaching consequences due to diastolic dysfunction are relatively unknown. Early cardiac evaluation and subsequent treatment in SLE patients may improve outcome.[2-4]

A 56-year-old Caucasian woman with SLE presented with atrial fibrillation (AF) and symptoms of progressive heart failure. Her chest X-ray revealed severe cardiomegaly and an obtuse carinal angle. The electrocardiogram showed AF and inverted T waves in the precordial leads. Cardiovascular magnetic resonance imaging (*figure 1*) revealed massive biatrial enlargement with intra-atrial septal aneurysm, obliteration of the apex, decreased LV ejection fraction (0.37) and severe tricuspid regurgitation. The late gadolinium enhanced images were non-diagnostic due to arrhythmia artifacts.

Long-term treatment included conventional heart failure therapy, anticoagulation and adequate rate control for AF. Because of refractory congestive heart failure symptoms, she was operated on. EMF was confirmed and a tricuspid valvuloplasty, atrial reduction and manual dissection of the obliterated ventricle was performed. Afterwards her cardiac condition stabilised for three years. Unexpectedly, she recently died because of a complicated infection as a consequence of long-term immunosuppressive therapy.

Figure 1. *MRI scan*



LA = left atrium; RA = right atrium; LV = left ventricle; RV = right ventricle; EMF = endomyocardial fibrosis; (*) = intra-atrial septal aneurysm.

REFERENCES

1. Doria A, Laccarino L, Sarzi-Puttini P, Atzeni F, Turriel M, Petri M. Cardiac involvement in systemic lupus erythematosus. Lupus. 2005;14(9):683-6.
2. van der Laan-Baalbergen NE, Mollema SA, Kritikos H, Schoe A, Huizinga TW, Bax JJ, et al. Heart failure as presenting manifestation of cardiac involvement in systemic lupus erythematosus. Neth J Med. 2009;67(9):295-301.
3. Buss SJ, Wolf D, Korosoglou G, et al. Myocardial left ventricular dysfunction in patients with systemic lupus erythematosus: new insights from tissue Doppler and strain imaging. J Rheumatol. 2010;37(1):79-86.
4. Sherer Y, Levi Y, Schoenfeld Y. Marked improvement of severe cardiac dysfunction after one course of intravenous immunoglobulin in a patient with systemic lupus erythematosus. Clin Rheumatol. 1999;18:238-40.