

Atrial Septal Aneurysm as a Cause of Cerebral Embolism in Young Patients

To the Editor:

The article by Belkin and associates, in which they reported a high prevalence of embolic events in a series of 36 consecutive patients with atrial septal aneurysm, has several additional important clinical implications besides those put forth by the authors. First, atrial septal aneurysm should always be considered among the cardiac causes of cerebral embolism that can be detected by echocardiography in young patients.

Second, the consideration should be even more serious if the patient develops simultaneous embolic events in both the systemic and pulmonary circulation since biatrial myxoma and paradoxical embolization are the only two other conditions that can cause bilateral embolization.

Third, the frequent association of paradoxical embolism with right-to-left atrial shunting with atrial septal aneurysm found by Belkin and associates results from their aggressive use of contrast echocardiographic studies. The sensitivity of contrast echocardiography in the diagnosis of paradoxical embolism, of course, might be further enhanced had they used it in conjunction with the Valsalva maneuver. As a matter of fact, when requesting echocardiography of a stroke patient in the evaluation for cardiogenic embolism, the referring physician should not only request contrast study but also specify the application of the Valsalva maneuver as routine echocardiography does not employ either of these maneuvers.

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References


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