Halasz Syndrome in Malaysian lady

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ABSTRACT

Case Description: 70-years-old Malay lady with underlying hypertension. She was diagnosed to have anomalous right upper pulmonary vein (RUPV) drainage into inferior vena cava (IVC) at the age of 60 years old as an incidental finding during admission for femoral neck fracture and desaturated during surgery. Patient underwent Computed Tomography Pulmonary Angiogram (CTPA) to ruled out pulmonary embolism. Her CTPA revealed right upper lobe pulmonary vein draining into IVC. At this time, her Echocardiography (ECHO) showed good LV systolic function, LVEF of 60%, normal chambers with no significant pulmonary hypertension. Her coronaries was normal. A diagnosis of Halasz syndrome was made and she was referred to Heart Team for surgery but she opted for medical therapy as she was asymptomatic. She was under our care and throughout her follow-up noted her ejection fraction was slowly declining and her pulmonary artery pressure was rising. She had recurrent admission for heart failure and was optimised on heart failure guideline-directed medical therapy (GDMT). This time she was admitted again for acute decompensated heart failure (ADHF) precipitated by septicemia secondary to pneumonia and succumbed. **Discussion:** Halasz syndrome is primarily an imaging diagnosis. Three-dimensional computed tomography (CT) and cardiac-gated magnetic resonance imaging (MRI) are the best diagnostic modalities, providing an excellent delineation of the anatomy of the abnormal pulmonary vein, its course, connection, and drainage. Surgical treatment is achievable by a corrective method with a re-routing of the flow. **Conclusion:** Even though our patient had chosen medical therapy she was probably one of the oldest living Scimitar or Halasz syndrome patient.