

Isolated Left Superior Vena Cava: A Very Rare Venous Abnormality

Jihad Boularab^{1*}, Jihane el mandour², Tlaite Oubaddi¹, Siham El Haddad¹, Latifa Chat¹ and Nazik Allali¹

¹Department Radiology, Children hospital of Rabat (HER), Mohammed V University, Rabat, Morocco

²Department Radiology, National Institute of Oncology (INO), Mohammed V University, Rabat, Morocco

Image Article

Persistent Left Superior Vena Cava (PLSVC) is the most common variant of systemic venous drainage, affecting 0.3% to 0.5 % of the general population. However, Isolated PLSVC is a very rare venous abnormality. It affects 0.09-0.13 percent of patients with congenital heart diseases [1]. It develops as a result of a failure of obliteration of the left common cardinal vein and typically drains the left subclavian and jugular veins into the right atrium via the coronary sinus [2].

Isolated PLSVC is normally asymptomatic and discovered by coincidence on imaging or during a cardiac catheterization. However, it can cause complications with central venous access, cardiothoracic surgery, and pacemaker implantation and may cause a right to left shunt if it drains to the Left Atrium (LA). For that, clinicians should be

well aware of its variations and management strategies in order to avoid complications [1].

In imaging, it may be identified incidentally by echocardiography, often indirectly through recognition of a dilated coronary sinus. On cross-sectional imaging with Computed Tomography (CT) or Magnetic Resonance (MR), it is apparent as a vessel coursing vertically in the

***Corresponding author:** Boularab Jihad, Department Radiology, Children hospital of Rabat (HER), Mohammed V University, Rabat, Morocco, E-mail: boularabjihad@gmail.com; jijitaranee@gmail.com

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