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Congenital malformations of the heart can range from complex malformations which are fatal to innocuous structural anomalies with no clinical consequences. Clinicians should be aware of the different varieties so as to decide on the correct prognosis and advise further treatment and follow up for the patients. We here describe a benign congenital structural abnormality of the heart in a young female.

A 12 year old girl was brought to the outdoor clinic before her school sports event. She had participated in athletic sports in the past without any symptoms. But this time, she complained of some non-specific chest discomfort, not related to exertion and hence usually lie in close relation to the Chiari network, a congenital anomaly of the heart. The girl was declared fit for athletic participation. 5

Chiari network is a net like fenestrated structure found infrequently in the right atrium. 1 This is embryonic remnant of valves of sinus venosus, and hence usually lie in close relation near its junction with the inferior vena cava. The structure was mobile, not protruding into any chamber and not attached with any vegetation. There was no regurgitation of the tricuspid valve. Atrial septum was intact. After review by two experts, this was diagnosed as Chiari network, a congenital anomaly of the heart. The girl was declared fit for any sports event and she participated in athletics without any symptoms.

Usually no treatment is needed for the Chiari network. If it is a site of embolism or arrhythmia, it may be resected through right atriotomy. 4

Echocardiography is usually adequate to diagnose a chiari network. 2 The condition is usually asymptomatic and diagnosed incidentally during echocardiographic screening for other purposes. The network is well visible in all standard echocardiographic windows like apical four-chamber, parasternal long axis and subcostal views. 3 Sometimes it may be confused with vegetations or cardiac tumour. Cardiac MRI may be done for better characterisation. 5 But this is not routinely needed and experienced echocardiologists can diagnose it with confidence. Routine screening of athletes, as in our case, may reveal Chiari network rarely. But it is not considered a contra-indication to athletic participation. 3

We present this case to sensitize clinicians to this benign echocardiographic finding. Knowledge of the benign nature of this embryonic remnant will help to avoid unnecessary investigations and anxiety for the patient.

References