A 29-year-old Hispanic man with palpitations was found to have a large and dilated coronary sinus (CS) on transthoracic echocardiogram (A, Online Video 1). Agitated saline injected into the left antecubital vein opacified the CS and then the right ventricle, consistent with a persistent left superior vena cava (PLSVC). A computed tomography (CT) scan showed a PLSVC on coronal and 3-dimensional reconstruction (B and C). PLSVC is the most common variation in the anomalous venous return to the heart and accounts for 0.2% to 4.3% of all congenital cardiac anomalies (1). PLSVC is usually asymptomatic and discovered incidentally during imaging and the aberrant position of a pacemaker, central venous catheters, or retrograde cardioplegia for cardiac surgery (2,3).

REFERENCES