## **Atypical Shone's Complex**

## **Atipik Shone Kompleksi**

## Hüseyin Ayhan<sup>1</sup>, Abdullah Nabi Aslan<sup>2</sup>, Hacı Ahmet Kasapkara<sup>1</sup>

Yıldırım Beyazıt University Faculty of Medicine, Department of Cardiology, Ankara, Turkey <sup>2</sup> Ankara Atatürk Education and Research Hospital, Clinic of Cardiology, Ankara, Turkey

Shone's complex is a severe and rarely seen congenital anomaly. Diagnosis of typical Shone's complex requires the coexistence of all of the four left-sided obstructive lesions, namely a parachute mitral valve, coarctation of the aorta, supravalvular mitral ring or membrane, and aortic or subaortic stenosis. In atypical Shone's complex, there are two or three of these defects. In a 21-year-old female patient, a diagnosis of coarctation of the aorta was made. She was treated with endoluminal balloon dilation and stenting. However, on transthoracic echocardiogram, it was found that there had also been a single papillary muscle attaching both to the mitral leaflets and bicuspid aorta meeting the criteria for the diagnosis of atypical Shone's complex.



Figure 1. (A) Continuous-wave (CW) Doppler imaging of the bicuspid aortic valve. (B) CW Doppler imaging of the descending aorta. (C) Apical four-chamber view of parachute mitral valve.



Figure 2. Computed tomography image of the descending aorta in the sagittal view.



Correspondence

## Hüsevin Ayhan

E-mail: huseyinayhan44@yahoo.com Submitted: 30.03.2015 Accepted: 27.05.2015

@ Copyright 2015 by Koşuyolu Heart Journal. Available on-line at www.kosuyoluheartjournal.com