An eighteen-year-old female patient admitted to our clinic with complaints of shortness of breath and palpitation. The patient's medical and family history was unremarkable. Twelve-lead electrocardiography revealed incomplete right bundle branch block with sinus rhythm. Transthoracic echocardiography (TTE) showed both ostium primum and secundum type atrial septal defect (ASD) with a slight dilatation of right heart chambers (Figure 1A-1B). In addition, a mild-to-moderate mitral regurgitation with mitral valve prolapsus (MVP) was detected which was thought to be secondary to ASD (Figure 1C). Transesophageal echocardiographic (TEE) examination confirmed the prolapsus of anterior mitral valve leaflet and mild to moderate mitral regurgitation, ostium secundum and ostium primum defects, 7.6 mm and 13.3 mm in size, respectively (Figure 2A-2B). The systolic pulmonary artery pressure was 45 mm Hg, and there was a significant shunt with a Qp / Qs ratio of 1.7. The patient underwent surgical intervention. Secundum ASD was repaired with a pericardial patch and direct suture closure of primum ASD was performed. Postoperative TTE revealed trace mitral regurgitation with an intact atrial septum (Figure 3). Here, we are reporting a rare combination of ostium primum and secundum defects with mitral valve prolapsus.

Figure 1A and 1B: Transthoracic echocardiography (TTE) revealing ostium primum ve secundum defects (arrows) 1C: TTE showing mitral regurgitation
**Figure 2A:** Transesophageal echocardiographic (TEE) four-chamber view showing ostium primum and secundum defects (arrows) **2B:** TEE four-chamber view demonstrated left to right shunt with color Doppler (arrows) **2C:** TEE bicaval view showing ostium secundum defect **2D:** TEE two-chamber view showing mitral regurgitation

**Figure 3:** Postoperative TTE revealed the intact atrial septum