

Coumadin Ridge, Occasionally Found in the Left Atrium

Cresta de Coumadin, hallazgo casual en la aurícula izquierda

ELENA RIVERO FERNÁNDEZ, MARÍA C. AUER GUALLAR, MARÍA LASALA ALASTUEY

The images correspond to a 22-year-old, high-performance athlete woman (athletics), with no relevant medical history, who consulted for palpitations on exertion. Transthoracic echocardiography was normal, except for a linear structure in the left atrium. Parasternal long axis view (Figure 1) targeted a fibrous band originating in the posterolateral wall dividing the left atrium. This structure was reproduced in all projections.

The apical four-chamber view (Figure 2) revealed that the recess extended from the left atrial appendage to the inside of the left atrium. All these findings were consistent with coumadin ridge, a recess between the left superior pulmonary vein and the left atrial appendage. No arrhythmias were detected on 24-hour Holter ECG monitoring. The study was completed with a stress test, which confirmed adequate tachycardia response to exertion, with no repolarization changes or arrhythmic events.

Coumadin ridge is a normal anatomic variant found in the left atrium. This structure was often diagnosed as a false thrombus and resulted in patient receiving anticoagulation therapy with CoumadinTM (warfarin), hence its name.

The ridge is the tissue that separates the left atrial appendage from the left superior pulmonary vein. In general, the proximal part is thin and the distal tip can be wider protruding inside the atrium, resembling a tumor. One of its components is the ligament of Marshall, a remnant of the left superior vena cava, extending along the recess. The ridge has muscular connections with the left superior pulmonary vein which can act as triggering substrate of focal atrial fibrillation, becoming a potential site for ablation. Coumadin ridge must be differentiated from other masses that may be found inside the left atrium, mainly thrombi and tumors. It is essential to determine the typical morphology and location of the ridge to avoid unnecessary treatments and interventions.

Conflicts of interest

None declared (See authors' conflicts of interest forms on the website/ Supplementary Material).



Fig. 1. Parasternal long axis view of coumadin ridge.



Fig. 2. Apical four-chamber view of coumadin ridge.

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Address for reprints: Elena Rivero Fernández. Tel. 0034 655434251 - e-mail: elenariverofernandez@gmail.com

Hospital Universitario Miguel Servet, Zaragoza, Spain