

**Case Report**
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## An Unusual Case of a Massive Cardiomegaly

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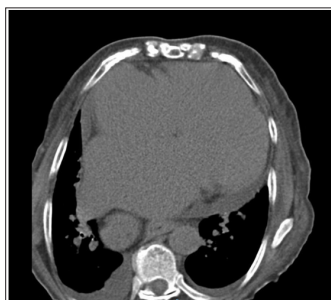
### Case Report

Heart failure is a major chronic illness with no definitive cure. With improving healthcare and with an aging population in many countries, heart failure has become a common disease of the elderly [1].

We report a case of a 74-year-old woman that was admitted in the emergency department complaining of severe leg edema, progressive and persistent dyspnea at rest, easy fatigability and paroxysmal nocturnal dyspnea aggravated over the past 4 months. According to her personal and medical history, she had been not attending to her medical appointments and, therefore, missed the close heart failure (HF) monitoring that was demanded.

On physical examination, the patient presented with symptoms of moderate acute decompensated heart failure but massive cardiomegaly was seen on chest radiograph (cardiothoracic ratio 0.85) and on chest computed tomography (CT) scan. Two-dimensional transthoracic echocardiogram revealed an extreme dilation of both atria, severe mitral and tricuspid regurgitation. Systolic function was mildly depressed.

HF is a chronic disease that needs lifelong management with regular doctor observations. Uncontrolled congestive heart failure patients and lack of medical follow up leads to significant negative impact in the patient's quality of life. This image (Figure 1), a transverse view of a CT chest demonstrating massive cardiomegaly, highlights the crucial importance of regular and close monitoring of patients suffering from HF in order to achieve the goal of treatment by improving survival, reducing hospital admissions and improving quality of life [2].



**Figure 1:** A transverse view of a CT chest demonstrating massive cardiomegaly

### References

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2. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey Jr DE, et al. (2013) American Heart Association Task Force on Practice Guidelines (2013). 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Journal of the American College of Cardiology* 62: e147-e239.

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