

abdominal situs inversus was asymptomatic had a normal cardiac anatomy as shown by cardiac ultrasonography. However, situs inversus was first described more than a century later by Mathew Baillie⁴. Situs inversus is present in 0.01% of the population.



Figure 5: Picture of DT showing a physically normal boy.

Situs inversus is generally an autosomal recessive genetic condition, although it can be x-linked or found in identical twins. In the absence of CHD, individuals with situs inversus are phenotypically normal just like our case (fig 5) and can lead normal healthy lives, without any complications related to their medical condition. There is a 5-10 prevalence of CHD in cases with situs inversus totalis, most commonly transposition of the great vessels (TGA).

The incidence (prevalence) of CHD is 95% in situs inversus with levocardia. The common use of x-ray and physical examinations for the army (military), schools and industry have uncovered many cases and have established the incidence of situs inversus totalis to occur about 1 in 6,000 to 8,000 individuals⁶.

Most times, cases of situs anomalies are diagnosed accidentally during mandatory medical examination into the military, school admission or employment into an industry especially when there is no associated CHD. In addition to physical examination, radiological evaluation plays a great role in the diagnosis of situs anomalies.

Situs abnormalities may be recognized first by using radiography or ultrasonography^{7,8, 9}, as was the experience with our case. In addition oral contrast abdominal film was done to properly localize the stomach. However, computed tomography (CT) scanning is the preferred examination for the definitive diagnosis of situs with dextrocardia. CT scanning provides good anatomic detail for confirming visceral organ position, cardiac apical position and great vessel branching. Magnetic resonance imaging (MRI) is usually reserved for difficult cases or for patients with associated cardiac anomalies.

Our case was phenotypically normal and asymptomatic and plain and contrast radiography and ultrasonography had provided sufficient information about the position of the abdominal viscera and heart, thus he was not considered for CT and MRI evaluation.

References

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