INTRODUCTION
Ebstein's anomaly is rare congenital heart disease, in which there is downward displacement and elongation of tricuspid valve with poor contractile right ventricle, characterized by dysplastic abnormalities of both basal and free attachments of tricuspid valve leaflets resulting in tricuspid regurgitation. It is frequently associated with intracardiac shunting, pulmonary hypertension, cardiac dysrythmias, cyanosis, congestive heart failure and sudden collapse are the most common causes of death. The incidence in general population is 1:10,000 and no sex difference.

Case report:
A 50 years old male patient moderately built presented with varicose veins of left leg. He had chest pain, easy fatigability, exertional dyspnoea since 25 years. He is the known case of ebstein's anomaly, which was diagnosed in jayadeva hospital 10 years back. On examination he had regular pulse rate of 92 bpm and blood pressure of 100/60 mm Hg with grade 2 clubbing. There was no signs of cardiac failure. On auscultation of heart sounds, a pansystolic murmur was audible in mitral and tricuspid areas. 2D ECHO shows ebsteins anomaly, severe tricuspid regurgitation, patent foramen ovale R>L Shunt with ejection fraction 60%. ECG shows low voltage complexes and tall p waves in lead II, III, aVF with left axis deviation.

DISCUSSION
The prime consideration in managing our case was to maintain haemodynamic stability, maintaining preload and afterload and prevention of supraventricular and ventricular arrhythmias during and in the post operative period. The case study shows the safety of low dose epidural with ebsteins anomaly with severe tricuspid regurgitation. The advantages of epidural anaesthesia are minimal intravascular volume

KEYWORDS:

FIGURE 1: Clubbing is present grade 2.

FIGURE 2: ECG showing tall Himalayan p waves in lead II, III, aVF with left axis deviation.

FIGURE 3: ECG showing RBBB with tall p waves.

FIGURE 4: CHEST X RAY PA view showing cardiomegaly, BOX Shaped heart.
shift, decreased cathecolamine levels and good postoperative analgesia. Low concentration of 0.25% of bupivacaine has low cardiac and systemic toxicity. Fentanyl 75 mcg helps in attenuating the hormonal responses to stresses associated with surgery.

CONCLUSION
A thorough understanding of the pathophysiology of this condition is essential for the successful anaesthetic management in Ebsteins anomaly and anaesthetic technique chosen should be individualized based on cardiac status, type of surgery, site of surgery and also the duration of surgery. Our experience shows that a low dose epidural should be considered as one of options available in Ebsteins anomaly for lower limb surgeries.