

**Video 3.** PSAX TTE video image shows pulmonary valve prolapse (PVP)

**Video 4.** Magnetic resonance imaging demonstrates PVP.

**Video 5.** Apical four-chamber MRI video shows MVP, RV dilatation and RV systolic dysfunction

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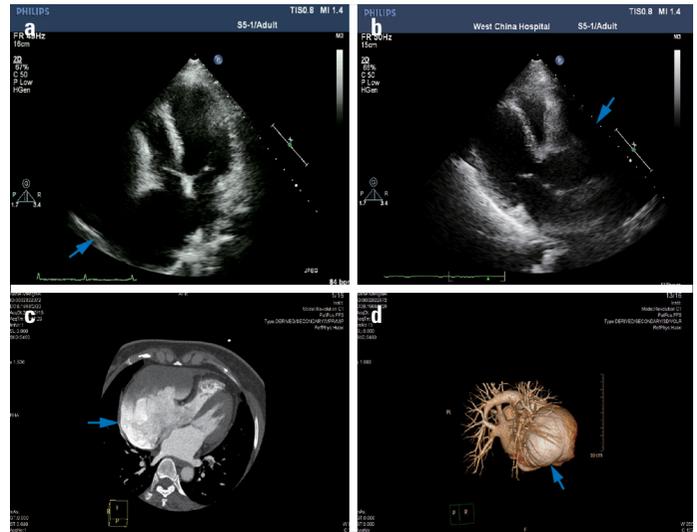
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## Right atrial appendage aneurysm: Does it have to be resected?

Here we show the case of a 51-year-old woman with right atrial appendage aneurysm (RAAA) that was detected on physical examination 10 years ago. No murmur was found in the cardiac auscultation area, and the patient did not experience any clinical symptoms, such as palpitations, heart fatigue, and shortness of breath. Imaging findings from the most recent follow-up were as follows: A 56×84-mm RAAA was detected and further assessed on echocardiogram and computed tomography image (Fig. 1a–1d, blue arrow). No thrombosis was detected in RAAA and right atrium, and compared with previous imaging findings, RAAA showed no obvious expansion and growth. In patients having isolated RAAA, with no clinical manifestations, no arrhythmia, and no thromboembolism, should the atrial appendage be resected? RAAA is a rare structural malformation of unknown etiology in congenital heart disease; patients with RAAA may be asymptomatic or exhibit symptoms associated with atrial arrhythmias (e.g., atrial flutter, atrial fibrillation, focal atrial tachycardia, and supraventricular tachycardia) or thromboembolism. In most of the cases of RAAA reported in the literature, the lesions were surgically removed because the patients suffered



**Figure 1.** A 56×84-mm right atrial appendage aneurysm was detected and further assessed on echocardiogram and computed tomography image (Fig. 1a-1d, blue arrow)

from the above symptoms or had the condition combined with other congenital heart diseases, such as atrial septal defect and patent foramen ovale. Regarding the surgical indications for asymptomatic patients, the size and the annual growth rate of RAAA must be considered. Furthermore, long-term monitoring of atrial size and annual growth rate of RAAA, airway compression, arrhythmias, and thrombosis is strongly recommended.

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