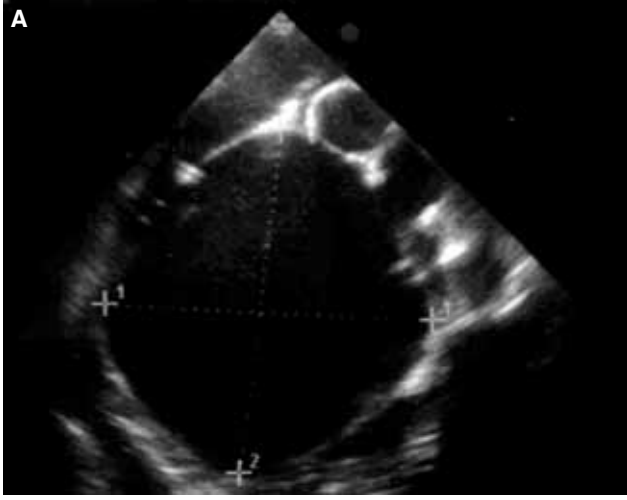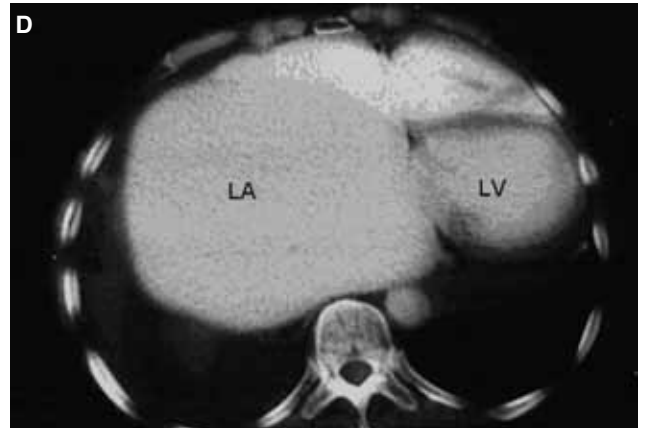# A giant left atrium

Dev sol atriyum

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A 51-year-old woman with a history of rheumatic heart disease was admitted to our emergency department with shortness of breath and coughing. On physical examination, her blood pressure was 90/55 mmHg, and heart rate was 120/min. Distended neck veins were noted, basal crepitations were heard in the lungs, and there was grade 2 peripheral edema. A mid-diastolic murmur and a grade 2 pansystolic murmur were present along the left midclavicular line. Electrocardiography showed atrial fibrillation with a ventricular rate of 110/min. Transthoracic echocardiography showed a giant left atrium measuring 14 x 14.5 cm in the parasternal short-axis view (Fig. A) and 14.1 x 14.4 cm in the apical four-chamber view (Fig. B), moderate mitral stenosis (mitral valve area 1.3 cm^2), and moderate to severe mitral regurgitation due to rheumatic mitral valve disease. The chest X-ray revealed marked cardiomegaly and near-complete opacification involving the right mid-to-lower lung zones (Fig. C). A right thoracic mass lesion was suspected. Computed tomography with contrast only showed marked dilatation of the left atrium (Fig. D). The patient's condition was stabilized after medical therapy. Surgical intervention was recommended, but she did not accept. She was discharged on medical therapy including warfarin, digoxin, a diuretic, and a beta-blocker.

Figures. Echocardiograms from **(A)** the parasternal short-axis view and **(B)** apical four-chamber view showing a giant left atrium. **(C)** The chest radiogram showing marked cardiomegaly and near-complete opacification involving the right mid-to-lower lung zones. **(D)** Contrast computed tomography scan shows marked dilatation of the left atrium. LA: Left atrium; LV: Left ventricle; RA: Right atrium; RV: Right ventricle.