

CASE IMAGE

A free-floating tumor-like mass in the left atrium: A huge pedunculated thrombus*Sol atriyumda serbest yüzen tümör benzeri bir kitle: Dev saplı bir trombüs*ID Tufan Çınar¹ID Süha Asal¹ID Neslihan Kaya Terzi²ID İbrahim Alp³ID Mehmet Uzun¹

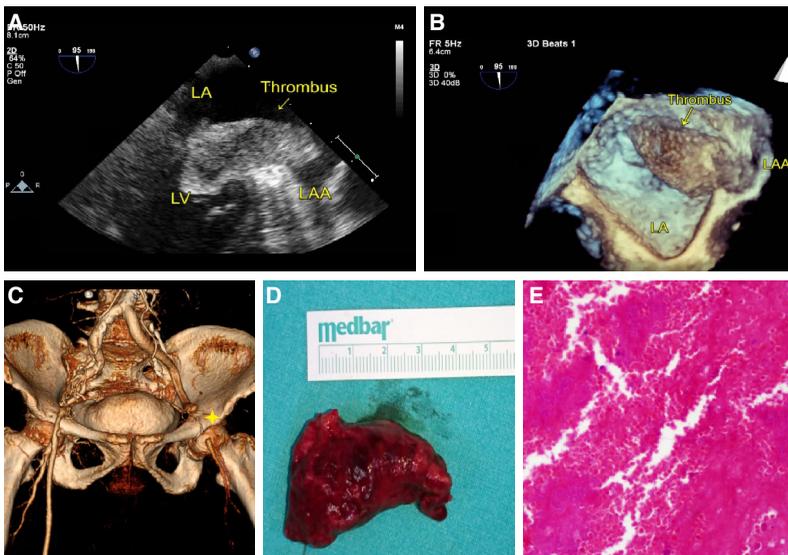
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A 73-year-old female patient presented at the emergency service with slurred speech and weakness in the right side of the body. The symptom onset had been approximately 8 hours prior. The medical history of the patient included coronary artery disease and previous coronary stenting. Electrocardiography revealed atrial fibrillation (AF) with a ventricular rate of 120 beats per minute. Prior cranial magnetic resonance imaging had demonstrated multiple cerebral infarcts, at which point the patient was referred to our department to identify or exclude any cardiac source of embolism. Transesophageal echocardiography (TEE) revealed an echo-dense mass on the top of the posterior mitral leaflet, protruding into the left ventricle (Fig. A, Video 1*). Three-dimensional TEE showed a mass with a diameter of 28x50 mm, which seemed to originate from the left atrial appendix

(LAA) (Fig. B, Video 2*). The peduncle of the mass could not be seen. Due to the development of sudden-onset pain in the lower left extremity and the absence of a peripheral pulse, contrast tomography angiography was performed. This revealed near total occlusion of the left femoral artery (Fig. C). Urgent coronary angiography showed no significant stenosis of the coronary arteries. The patient was referred to the cardiovascular surgery department to have the atrial mass and femoral occlusion removed. During the operation, it was observed that the mass originated from the LAA and was connected via a thin stalk. The mass was dislodged without an incision to the stalk and retrieved in a single piece (Fig. D, Video 3*). A peripheral arterial embolectomy was also performed, and a thrombus was extracted. Pathologic examination revealed that the mass was composed of only fibrin and blood products (Fig. E). In some circumstances, the echocardiographic features of tumors and thrombi are not sufficiently diverse to reliably distinguish between them. In this case, features suggesting a tumor were the mobility of the mass with each cardiac cycle, large size, and the absence of a stalk thick enough to carry such a mass. The surgeons also thought that the mass was a tumor until the histopathologic examination revealed that it was a thrombus. It was the presence of AF and the accompanying absence of a lower extremity arterial pulse that suggested an occluding thrombus. This case demonstrates that an oversized thrombus can mimic many of the distinguishing characteristics of a tumor.



Figures– (A) Transesophageal echocardiography image showing an echo-dense mass protruding into the left ventricle from the top of the posterior mitral leaflet; (B) Three-dimensional transesophageal echocardiography image of a mass that likely originated from the left atrial appendix; (C) Contrast tomography angiography image revealing near total occlusion of the left femoral artery; (D) The huge mass that was retrieved in a single piece; (E) Image from the histopathologic examination indicating that the mass was composed of fibrin and blood products. LA: Left atrium; LAA: Left atrial appendix; LV: Left ventricle.

*Supplementary video files associated with this presentation can be found in the online version of the journal.