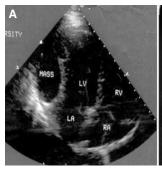
## Görüntülü olgu örnekleri

## Case images

Visualization of a giant left atrial aneurysm by multidetector computed tomography and echocardiography

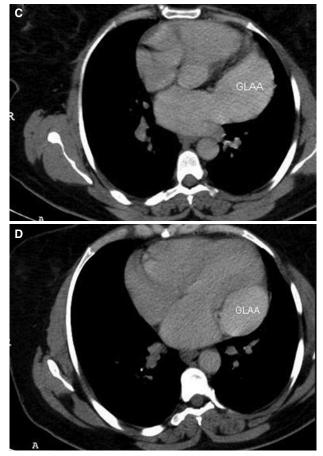


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Departments of <sup>1</sup>Radiology and <sup>2</sup>Cardiology, Medicine Faculty of Dicle University, Diyarbakır A 46-year-old woman presented with shortness of breath of six-month history. On examination, she was conscious, afebrile, but in excessive ventilation (18/ min). Her blood pressure was 130/75 mmHg and heart rate was 72 beats/ min. The first and second heart sounds were normal, but a 1-2/6 systolic ejection murmur was heard at the

apex of the heart. The electrocardiogram showed left anterior hemiblock and sinus rhythm. The chest X-ray revealed an increased cardiothoracic ratio and opacity with smooth contours extending to the parahilar region and obliterating the left heart border. Two-dimensional apical transthoracic echocardiography showed a cystic mass compressing the lateral wall of the left ventricle (Fig. A). Function and diameter of the left ventricle was normal. Multidetector computed tomography (MDCT) showed a giant atrial aneurysm (9.5 x 8.5 x 6.5 cm) originating from the left atrial appendage, extending along the anterolateral wall of the left ventricle, and compressing the left ventricle (Fig. C, D). The aneurysm also extended upward to the level of the main pulmonary artery. The aneurysmal cavity showed more enhancement due to the low flow (Fig. D). Transesophageal echocardiography

Sol atriyumda dev anevrizmanın çokkesitli bilgisayarlı tomografi ve ekokardiyografi ile görüntülenmesi



showed spontaneous echo contrast in the giant left atrial appendage consistent with MDCT findings (Fig. B). Surgery was advised, but the patient refused surgery and was discharged with oral anticoagulant treatment.

**Figures. (A)** The cystic mass compressing the lateral wall of the left ventricle on transthoracic echocardiogram. **(B)** Transesophageal echocardiogram showing the aneurysm originating from the left atrial appendage and spontaneous echo contrast within the aneurysm cavity. Multidetector computed tomography scans showing a giant atrial aneurysm **(C)** originating from the left atrial appendage and **(D)** compressing the wall of the left ventricle.