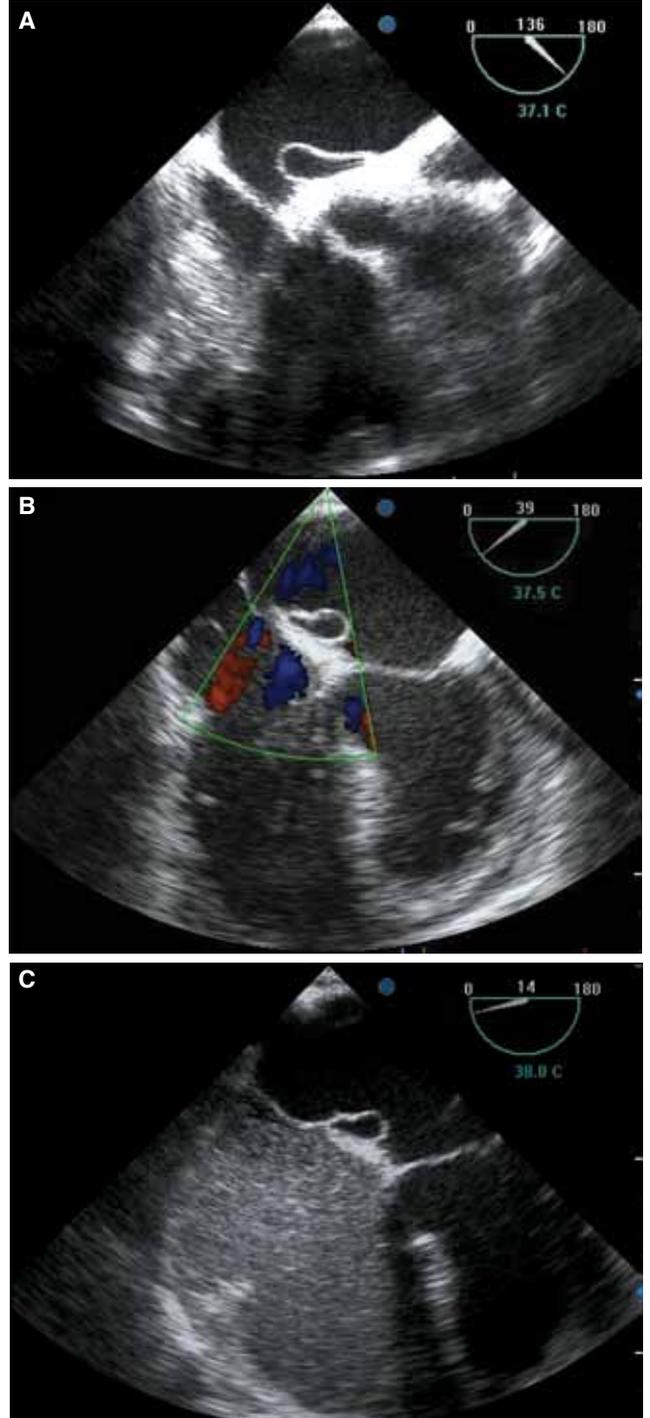


## Saccular aneurysm of the left atrial septum mimicking a cystic mass *Sol atriyumda kistik bir kitleyi andıran sakküler anevrizma*

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A 56-year-old man with an eight-year history of isolated coronary artery bypass operation following myocardial infarction presented with atypical chest pain that was sometimes provoked with effort. He was under treatment for chronic obstructive pulmonary disease. Exercise stress test was negative for ischemia. There were no clinical or biological signs of inflammation. Transthoracic echocardiography showed akinetic posterior and inferior walls, mild mitral regurgitation, slight enlargement of right heart structures, and moderate tricuspid regurgitation. Systolic pulmonary artery pressure was 50 mmHg by continuous-wave Doppler echocardiography. A mobile structure was noted in the left atrium, but it could not be described well due to poor echogenicity. Transesophageal echocardiography showed a mobile, cystic, saccular structure with homogeneous echolucency hanging on the fossa ovalis in the left atrium (Fig. A, Video file 1a, 1b). It had a broad base and a bulging thin membrane. There were no signs of inflammation or infiltration to the atrial wall. Color Doppler imaging showed no flow inside the cystic structure (Fig. B, Video file 2). Agitated saline injection via the left antecubital vein showed no contrast filling in the cystic lesion (Fig. C, Video file 3). Serological evaluation for echinococcus was negative and the homogeneous appearance of the cavity without septation was not in concordance with the typical polycystic appearance of a hydatid cyst. A cystic myxoma was not considered as it would be filled with large amounts of fluids mostly resulting from hemorrhages or infarctions and present as a polycystic lesion. The diagnosis was made as saccular aneurysm of the atrial septum. An atrial septal aneurysm with no circulating flow was thought to be harmless in terms of causing embolism and the patient was scheduled to follow-up. His clinical status was stable during one year and serial echocardiographic studies showed no change in the cystic structure.



**Figures.** (A) Transesophageal echocardiography showing a saccular, cystic lesion with a broad base and thin membrane, hanging on the fossa ovalis. Note the homogeneity of the echolucency within the cavity (Video files 1a, 1b). (B) Color Doppler image showing no flow in the cavity of the interatrial septal aneurysm (Video file 2). (C) No contrast filling in the cystic lesion after agitated saline injection (Video file 3). \*Supplementary video files can be found in the online version.