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An Unexpected Discovery in the Left Atrial Appendage—A Thrombus or a Tumor?

Sol Atriyal Apendikste Beklenmedik Bir Bulgu—Trombüs mü Tümör mü?

A 70-year-old male was admitted to the hospital with shortness of breath. Computed tomography (CT) scans revealed a lesion in the left atrial appendage (LAA) that could not be clearly identified as either a thrombus or a solid mass (Figure 1). Consequently, the patient was referred to our clinic for a cardiac echocardiographic examination.

During the transesophageal echocardiographic (TEE) examination, we observed a hypoechoic, amorphous mass measuring 25×15 mm, attached to the lateral wall of the LAA (Figure 2, Video 1). Although initially considered a possible thrombus, the absence of atrial fibrillation or mitral stenosis led us to suspect a solid mass. A magnetic resonance imaging (MRI) could not be performed due to the patient's claustrophobia.

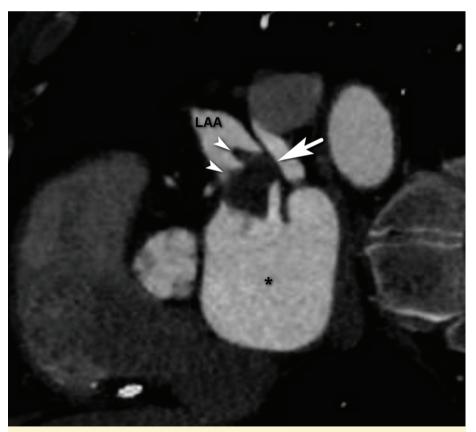


Figure 1. Sagittal reformats show the mass originating from the posterior wall of the LAA with a broad base (arrow) and finger-like extensions on the surface (arrowheads). LAA, Left Atrial Appendage; *, Left Atrium.

CASE IMAGE OLGU GÖRÜNTÜSÜ

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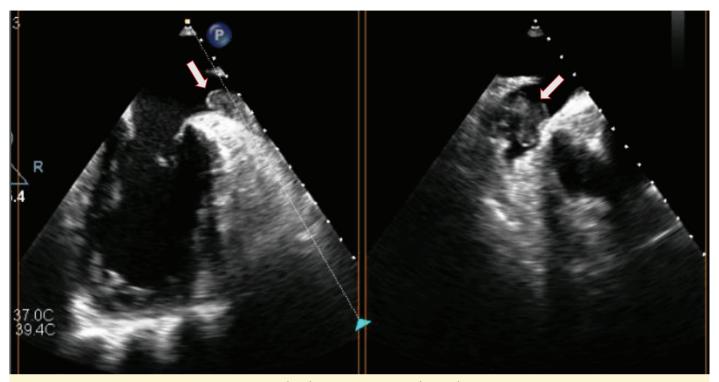


Figure 2. Biplane transesophageal echocardiogram (TEE) image of the mass (arrows).

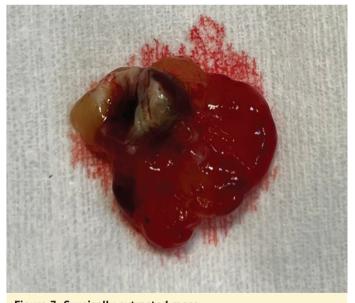


Figure 3. Surgically extracted mass.

The patient underwent surgical intervention, which confirmed that the structure was not a thrombus but rather a solid mass (Figure 3). Histopathological examination subsequently identified the mass as a myxoma.

Interestingly, while masses in this location are not typically associated with dyspnea, this mass was incidentally detected on

a CT scan conducted to investigate the cause of the patient's shortness of breath.

A mass in the left atrium (LA) is usually identified as a thrombus, particularly when spontaneous echo-contrast, indicative of blood stasis, is observed.

However, cardiac myxomas are typically attached to the left atrial side of the interatrial septum near the fossa ovalis region. In very rare instances, as in this case, myxomas can originate from the LAA.

Differentiating between thrombi and myxomas originating in the LAA is not always straightforward. Physicians should conduct a comprehensive evaluation, considering the patient's clinical history, and maintain a high level of suspicion.

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Video 1. Biplane TEE video of the mass.