

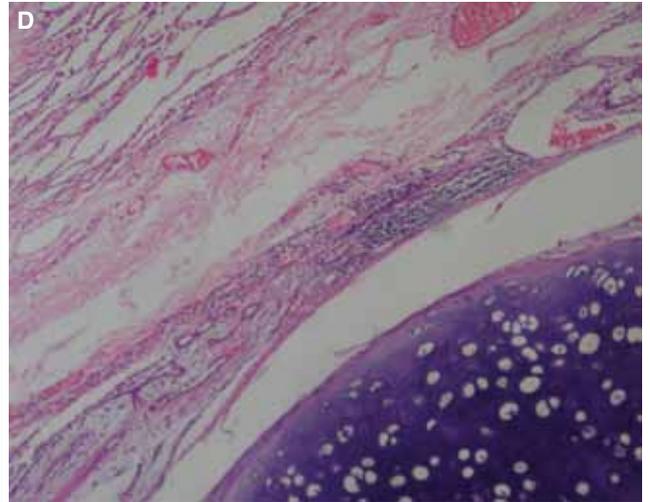
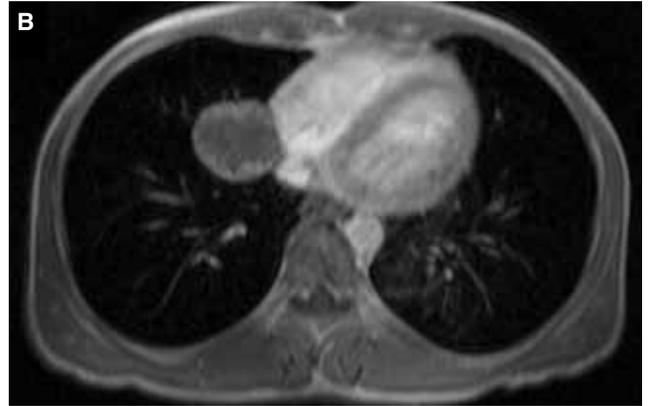
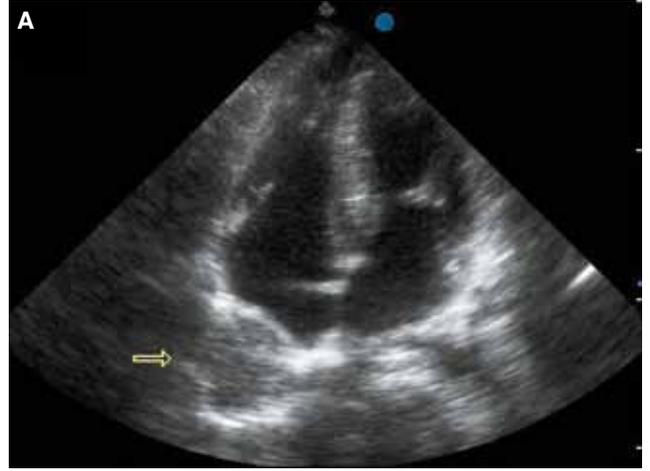
## Incidental detection of pulmonary hamartoma by echocardiography *Ekokardiyografi ile tesadüfen saptanan pulmoner hamartom*

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A 45-year-old male patient presented with atypical chest pain and exertional dyspnea. He was a heavy smoker and no other risk factors were present. Physical examination and electrocardiography were unremarkable. Exercise testing was found to be normal. Transthoracic echocardiography revealed an interesting solid mass,

4 cm in diameter, adjacent to and slightly compressing the right atrium in the apical four-chamber view (Fig. A). Other echocardiographic findings were normal. Magnetic resonance imaging of the thorax showed a smooth, spherical and noninvasive solid mass probably of mediastinal origin (Fig. B). After consultation with cardiovascular and thoracic surgeons, a decision for thoracotomy was made. The lesion was found to be in the middle lobe of the right lung. There was no invasion to adjacent structures. Because the tumor was occupying most of the middle lobe, right middle lobectomy with mediastinal lymph node dissection was performed. Macroscopic and microscopic examination of the tumor was compatible with pulmonary hamartoma containing tissues of immature cartilage, bronchoalveolar epithelium and occasional vascular structures (Figure C, D).



**Figures.** (A) Transthoracic echocardiography, apical four chamber view, shows a solid mass adjacent to the right atrium (arrow), approximately 4 cm in diameter. (B) Magnetic resonance imaging, horizontal plane image, shows a solid, spherical mass slightly compressing the neighboring cardiac structures. (C) Macroscopic appearance of the pulmonary hamartoma. (D) Microscopic view of pulmonary hamartoma containing islets of immature cartilage tissue, bronchoalveolar epithelium, and occasional vascular structures (H-E stain, x300).