

Cystic transformation of right atrial thrombus: a rare condition

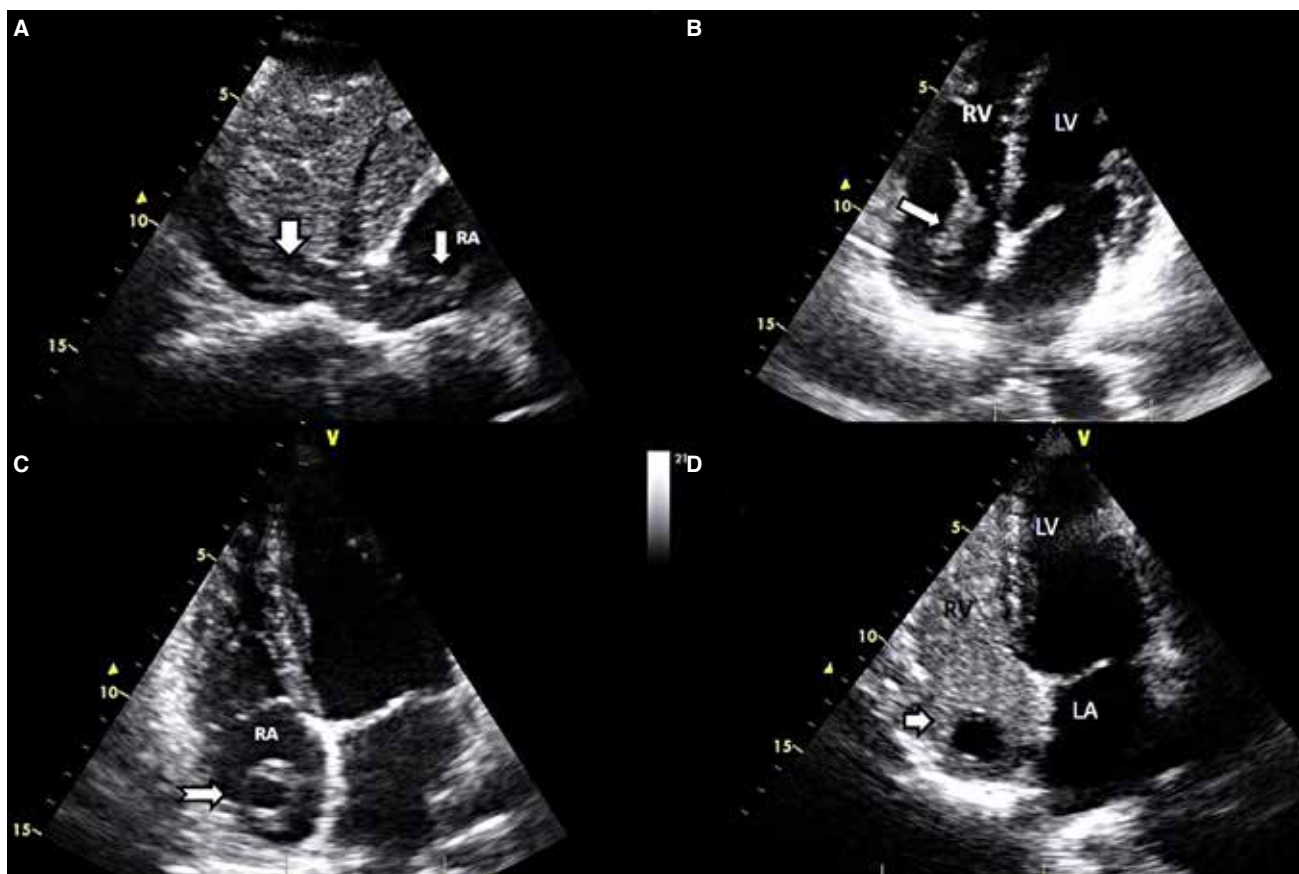
Oldukça nadir bir durum: Sağ atriyum trombüsünün kistik dönüşümü

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A 52-year-old woman who had suffered from epigastric pain for 3 days was admitted to the surgery clinic. She had undergone total gastrectomy approximately 5 years prior due to gastric cancer. Endoscopy was scheduled, and cardiology consultation was requested. Routine transthoracic echocardiogram (TTE) revealed floating thrombus from the vena cava inferior to the right atrium (Figure A, B; Video 1*). No pulmonary embolism was revealed on tomography. Hemodynamics were stable, and treatment of low-molecular-weight heparin and warfarin was initiated. After 3 days, TTE demon-

strated significant reduction in thrombus size (Video 2*). After 2 weeks, no thrombus was detected on TTE. However, a 2.2x2.2-cm floating mass was detected in the right atrium (Figure C; Video 3*). The mass was well-circumscribed, and had a thin wall and an echolucent nucleus. In an attempt at further characterization, contrast echocardiography was performed using agitated saline, and a covered cyst with no bubbles entering the nucleus was revealed (Figure D; Video 4*). Based on these findings, a diagnosis of cyst was made. The patient was discharged with warfarin treatment. After 6 months, TTE performed during routine evaluation demonstrated no change. To the best of the author's knowledge, the present is the first reported case of thrombus developing into cyst.



Figures– (A) Arrows indicate thrombus in vena cava inferior, (B) demonstration of thrombus in apical 4-chamber view, (C) transthoracic echocardiographic apical 4-chamber view showing cystic mass, (D) cyst shown in transthoracic echocardiographic apical 4-chamber view with agitated saline. Note the absence of microbubbles in cystic cavity. RV: Right ventricle; RA: Right atrium; LV: Left ventricle.
*Supplementary video files associated with this presentation can be found in the online version of the journal.