mobile thrombus (2.4x2.5 cm) in the left atrial appendage (Fig. 1). The patient underwent surgery, which included removal of the thrombus from the left atrium and replacement of mitral valve with a 27-mm bileaflet mechanical valve. The patient was discharged without any complication.

Ligation of the left atrial appendage (LAA) is commonly performed during mitral valve surgery because of the LAA is a frequent site of clot formation in patients with mitral valve disease, especially in those with atrial fibrillation. We have reported a case of ball thrombus developed in a mitral stenosis patient with ligated left atrial appendage.

Şakir Arslan, Fuat Gündoğdu, Serdar Sevimli, Bilgehan Erkut*
From Departments of Cardiology and
***Cardiovascular surgery, Faculty of Medicine,**
Atatürk University, Erzurum, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Şakir Arslan,
Departments of Cardiology, Faculty of Medicine,
Atatürk University Erzurum Turkey
Phone: +90 4423166333 Fax: +90 442 316 63 33 E-mail: sarslan@atauni.edu.tr

A prominent Chiari network prolapsing into right ventricle

Sağ ventriküle prolabe olan belirgin Chiari ağı

A 42 years old male patient was referred to our clinic for palpitations. Physical examination revealed a low intensity systolic murmur at the mitral valve area. His heart rate was 65 beats/min and his blood pressure was 130/80 mm Hg. Electrocardiography showed sinus rhythm and normal axis. Echocardiography revealed a freely mobile, thin, filamentous structure in the right atrium, moving rapidly in and out of the right ventricle through the tricuspid orifice (Fig.1, 2, Video 1. See corresponding video/movie images at www.anakarder.com).

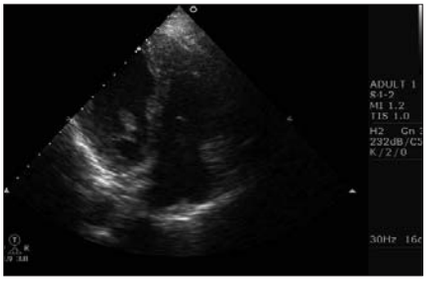

Figure 1. Echocardiographic view of Chiari network prolapsing through tricuspid orifice into right ventricle

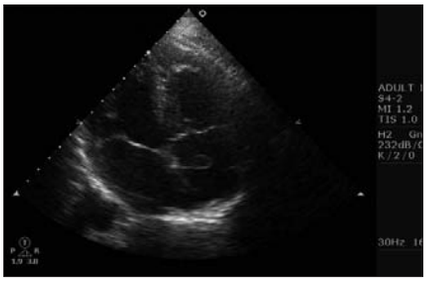

Figure 2. Echocardiographic view of Chiari network in right atrium

Chiari network is a congenital remnant of the right valve of the sinus venosus and first described by Hans Chiari in 1897. Its prevalence is estimated to be around 2% in the general population. Although Chiari network is often considered clinically insignificant it may be associated with persistence of patent foramen ovale, formation of atrial septal aneurysm, catheter entrapment, paradoxic embolism, infective endocarditis and atrial tachyarrhythmias. It also poses diagnostic difficulties during echocardiography where it could be confused with right atrial thrombi, tumors, right heart vegetations, flail tricuspid leaflet, or a ruptured chordae tendinae.

Lütfü Bekar, Orhan Önalan, Fatih Altunkaş, Hasan Atmaca,
İlksen Atasoy, Köksal Ceyhan
Department of Cardiology, Faculty of Medicine,
Gaziosmanpaşa University, Tokat, Turkey

Address for Correspondence/Yazışma Adresi: Orhan Onalan, MD
Department of Cardiology, Faculty of Medicine, Gaziosmanpasa University,
60100 Tokat, Turkey
Phone: +90 356 2291469 Fax: +90 356 2291654 E-mail: oonalan@gmail.com

Management of an enlarging pericardial cyst

Büyümüş perikardiyal kistin tedavisi

A 37- year old man was referred to our institution from another hospital. On his examination, an abnormal structure adjacent to the right cardiac border was detected on plain chest roentgenogram (Fig. 1). Computerized tomography (CT) revealed a round, homogenous mass with dimensions of 4x6 cm, which was adjacent to the right cardiac border (Fig. 2). Echocardiography demonstrated a cystic mass adjacent to the right atrium. According to these results; the mass was considered as a benign pericardial cyst and routine follow-up was decided. The patient was invited for medical evaluation in every three months. At the second year of follow-up, CT and echocardiography showed a gradual enlargement in the mass size up to 6 x 8.5 cm. The patient was found to have effort related angina, along with the mild compression of the mass on right atrium, which was detected by echocardiography. As a result; surgical excision of the mass was planned to relieve his symptoms and to rule out malignancy.

The patient underwent operation. Following median sternotomy, the mass was explored. It was a cystic structure, filled with clear yellow fluid and attached to the right side of the pericardium with a generous fat pad.

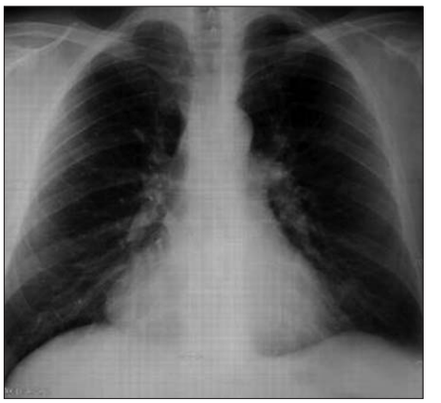

Figure 1. Chest X-ray image of a mass at the right cardiophrenic sinus