Right paracardiac mass

Sağ parakardiyak kitle

A 61-year-old male has presented with chest pain and shortness of breath. Patient described open-heart surgery 10 years ago. Physical examination findings were normal. Electrocardiography revealed normal sinus rhythm. Chest radiography showed a right paracardiac mass (Fig. 1). Transthoracic echocardiography (TTE) demonstrated that ejection fraction (EF) was 65% and right heart chambers were of normal size. A mass lesion adjacent to giant right atrium was detected at subcostal short-axis window (Fig. 2). Cardiac computed tomography (CT) was performed. CT revealed a mass lesion adjacent to right atrium with smooth margins. Contrast-enhanced images showed curvilinear, high-density stripes similar to vascular structures (Fig. 3). Since these linear hyperdensities were also observed in pre-contrast images, we noticed these structures were not vessels (Fig. 4). Cardiac magnetic resonance imaging (MRI) was applied to demonstrate

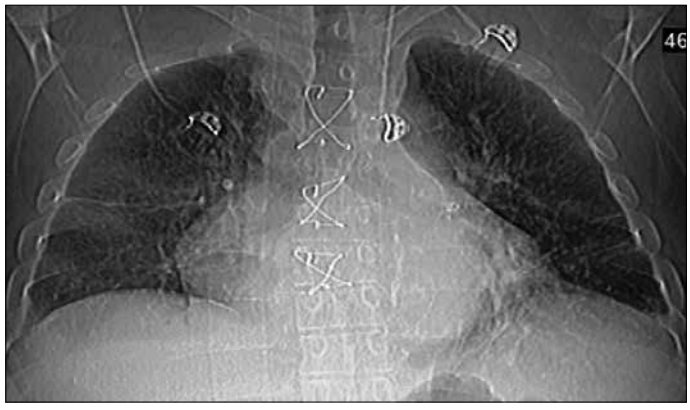

Figure 1. Chest radiography image

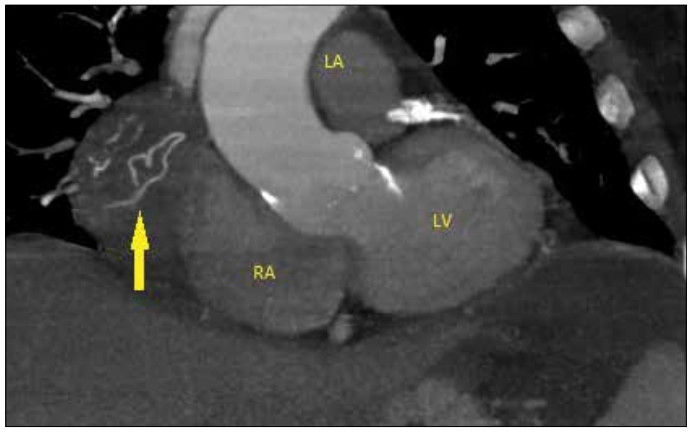

Figure 2. Contrast-enhanced coronal cardiac MDCT image of a mass adjacent to the right atrium with curvilinear, high-density stripes similar to vascular structures (yellow arrow)

LA - left atrium, LV - left ventricle, MDCT - multidetector computed tomography, RA - right atrium

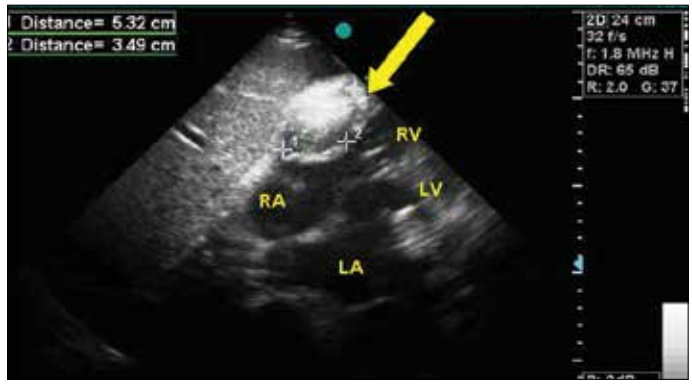

Figure 3. Subcostal window of TTE showing a mass lesion (yellow arrow) adjacent to right atrium giant

LA - left atrium, LV - left ventricle, RA - right atrium, RV - right ventricle, TTE - transthoracic echocardiography

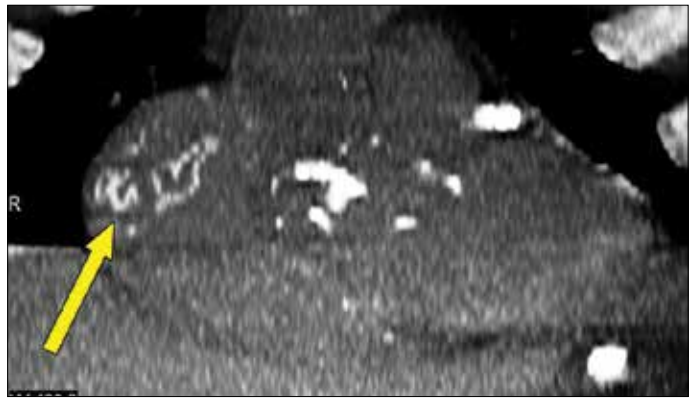

Figure 4. Pre-contrast coronal cardiac MDCT image showed extensive vascular calcifications. The paracardiac mass cannot be distinguished

MDCT - multidetector computed tomography

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Available Online Date/Çevrimiçi Yayın Tarihi: 14.08.2012

doi:10.5152/akd.2012.210

Anadolu Kardiyol Derg
2012; 12: 607-8

relationship between the lesion and right atrium. MRI showed extra cardiac mass lesion compressing right atrium and bilateral pleural effusion with compression atelectasis in lower lobe of right lung (Fig. 5). There was no pericardial effusion. He also remembered a febrile period after a short time cardiac surgery, however any focus of fever could not be established. The patient underwent thoracotomy.

What is your diagnosis?

1. Hydatid cyst
2. Abscess
3. Gossypiboma
4. Angiosarcoma

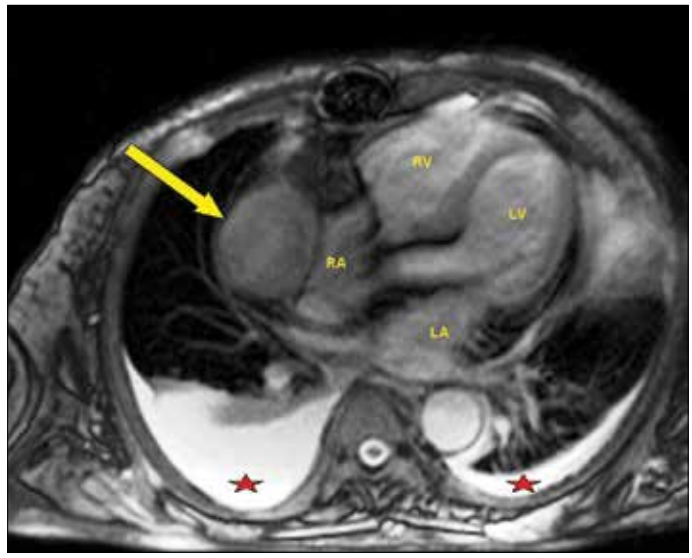

Figure 5. Four-chamber MRI showed extracardiac mass lesion which compress right atrium (yellow arrow) and bilateral pleural effusion (red asterix) with compression atelectasis in lower lobe of right lung

LA - left atrium, LV - left ventricle, MRI - magnetic resonance imaging, RA - right atrium, RV - right ventricle