

## What is your diagnosis?

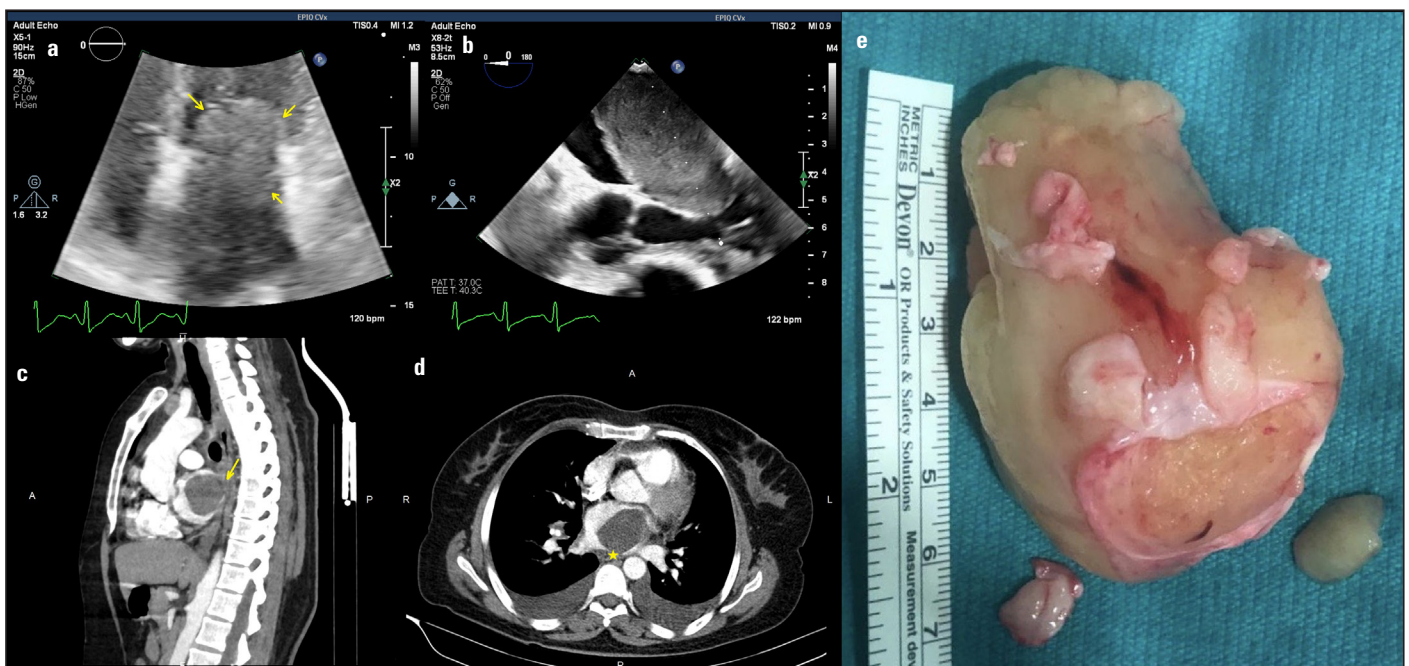
A female patient aged 48 years presented to the emergency department with shortness of breath lasting for two days. There were no accompanying complaints, that is, chest pain or cough. The temperature was 36.8°C, blood pressure was 145/90 mm Hg, heart rate was 120 bpm, respiratory rate was 20 beats per minute, and oxygen saturation was 98%. She had no medical history. Electrocardiogram was normal. Bedside transthoracic echocardiography revealed a giant mass in the left atrium, which was prolapsing to the left ventricle during diastole (Fig. 1a, Video 1). Subsequent transesophageal echocardiography revealed a giant mass in a storiform pattern restricting diastolic flow (Video 2) and occupying the left atrium almost completely (Fig. 1b, Videos 3 and 4). There was no thrombus in the left atrial (Video 5). Cardiac computed tomography was performed in order to make

a differential diagnosis and exclude any accompanying lesion, and it revealed a 70x50 mm mass attaching between the left and right pulmonary veins and bilateral pleural effusion (Fig. 1c and 1d). Therefore, the patient underwent emergent surgery, and a 70x52 mm left atrial mass was totally excised (Fig. 1e).

### What is your diagnosis?

- A. Cardiac myxoma
- B. Intracardiac thrombus
- C. Cardiac rhabdomyosarcoma
- D. Undifferentiated pleomorphic sarcoma
- E. Cardiac lipoma

Answer: p. 282



**Figure 1.** (a) Apical four-chamber view on transthoracic echocardiography showing a giant mass in the left atrium, which is prolapsing to the left ventricle. The arrows denote the edges of the mass around the mitral valve. (b) Four-chamber view (0 degrees) on transesophageal echocardiography showing a giant mass in a storiform pattern, occupying the left atrium almost completely and prolapsing to the left ventricle. (c) Cardiac computed tomography showing the attachment site of the mass to the posterior wall (arrow) in the sagittal plane. (d) Cardiac computed tomography showing the attachment site of the mass to the posterior wall between the left and the right pulmonary veins (asterisk) and bilateral pleural effusion in the horizontal plane. (e) Macroscopic appearance of a totally excised 70x52 mm left atrial mass

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