

See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com). Further evaluation by contrast echocardiography and transesophageal echocardiography for ring shaped cystic mass confirmed the ASA and allowed to exclude a left-to right shunting (Video 3. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)).

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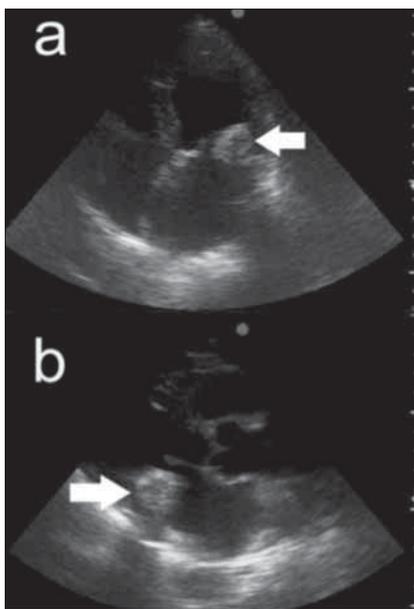
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## Diagnosis of a caseous mitral annular calcification

### *Kazeöz bir mitral anülüs kalsifikasyonunun tanısı*

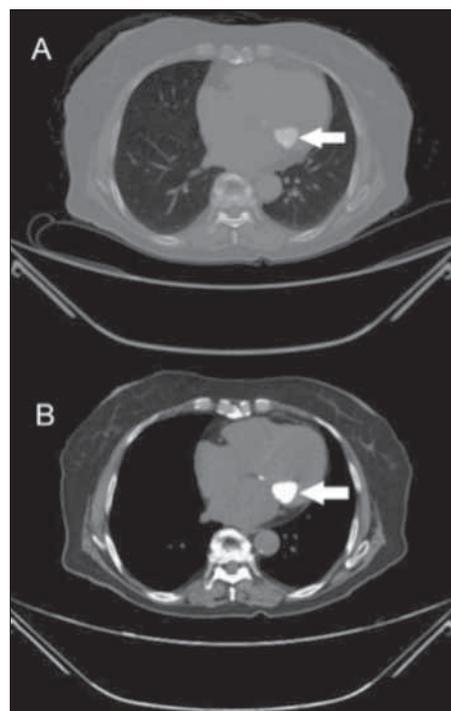
A 75-year-old woman was presented with shortness of breath and palpitations. After initial evaluation, a transthoracic echocardiographic examination was planned and showed a large, round, echodense mass with central areas of echolucencies attached to the posterior mitral annulus



**Figure 1. The apical (a) and parasternal (b) TTE views of a large, round, echodense mass with central areas of echolucencies attached to the posterior mitral annulus**  
TTE-transthoracic echocardiography

annulus (Fig.1, Video 1-3. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Caseous calcification of the mitral annulus (CCMA) was suspected. A multidetector computed tomography (MDCT) scan without contrast agents (because of moderate chronic kidney disease) was performed to aid differential diagnosis and to establish the nature of the mass. The bone window and level settings showed a rim of peripheral calcification with central homogeneous hyperdense mass lesion (Fig. 2A). The mediastinal window and level settings showed homogeneous hyperdense mass lesion that cannot be differentiated from other calcific structures (Fig. 2B).

CCMA could be misdiagnosed as infective endocarditis, myocardial abscess, benign or malignant cardiac tumors (such as myxoma, lymphoma, sarcoma, metastatic disease), thrombus, lipomatosis of the atrioventricular groove, and enlarged lymph nodes. In cases with CCMA, misdiagnosis may lead to unnecessary cardiac surgery. In this case, a diagnosis was made according to the echocardiographic and MDCT findings. In cases of CCMA, pathologic confirmation is needed for a definitive diagnosis, but imaging findings may defer pathologic examination.



**Figure 2. (A,B) MDCT views of the same image of a mass in two different windows and level settings**

MDCT-multidetector computed tomography

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