

## Toothache uncovered the biatrial masses 🎬

*Biatriyal kitleyi ortaya çıkaran diş ağrısı*

A 44-year-old male patient was admitted because of preoperative evaluation before multiple teeth extraction under general anesthesia. His past medical history revealed myxoma excision from left atrium and mass excision from axillary region in which pathology resulted as neurofibroma. Examination was unremarkable except for tumor plop and inguinal cutaneous mass. Electrocardiogram displayed sinus rhythm. Transthoracic echocardiography revealed huge right atrial mass (Fig. 1A) and multiple left atrial masses, originating from interatrial septum (Video 1. See corresponding video/movie images at [www.anakarader.com](http://www.anakarader.com)). Transesophageal echocardiography confirmed right atrial mobile mass (46 x 58 mm) which was prolapsing through the tricuspid valve into the right ventricle (Fig. 1B) and multiple left atrial masses (13x13 mm) (Fig. 1C, Video 2. See corresponding video/movie images at [www.anakarader.com](http://www.anakarader.com)). Thoracic computerized tomography revealed multiple bilateral pulmonary emboli, huge right atrial mass and left atrial mass originating from interatrial septum (Fig.1D). Coronary angiography showed normal coronary vessels except anomalous circumflex artery originating from right coronary ostium. Because of the acromegalic

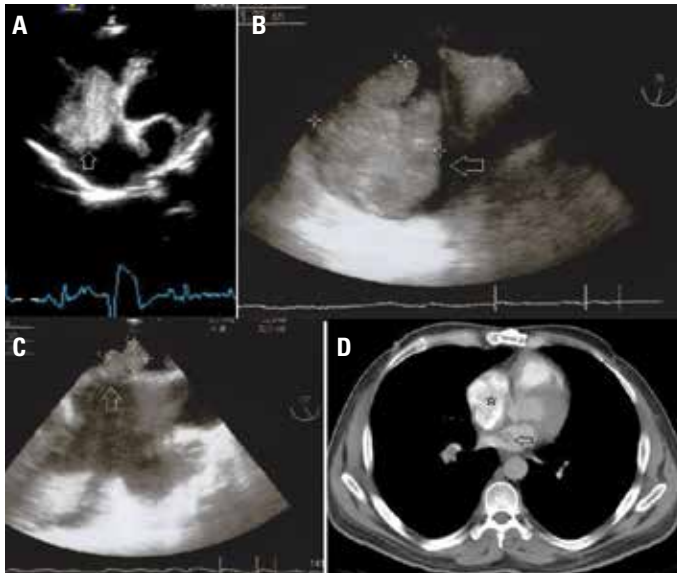
appearance, the patient referred to Endocrinology Unit. Further evaluation of the patient revealed hypophysis macroadenoma, pheochromocytoma, multinodular goiter, inguinal superficial angio-myxoma (Fig. 2A, B) and testicular Sertoli cell tumor (Fig. 2C, D). Initially, cardiac mass excision was performed and thereafter the patient underwent total thyroidectomy, right radial orchiectomy and inguinal mass excision. Pathological examinations of the right and left atrial masses revealed cardiac myxoma in concordance with the preoperative diagnosis.

**What is your diagnosis?**

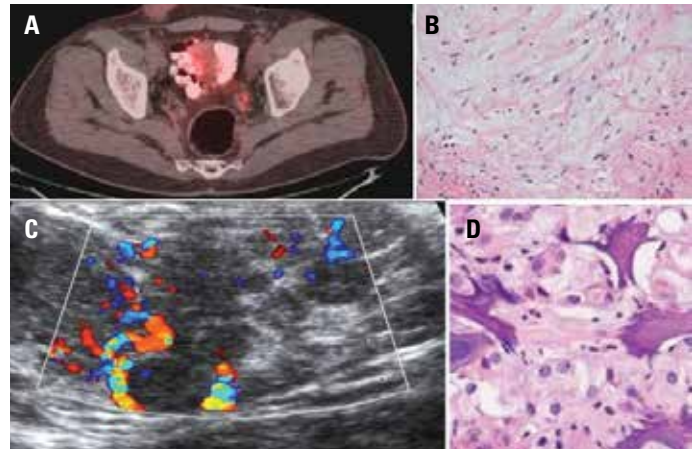
1. Carney Stratakis syndrome
2. Carney triad
3. Carney syndrome
4. Neurofibromatosis type 1

**Video 1.** Transthoracic echocardiography showing huge right atrial and multiple small left atrial masses at apical 4-chamber view

**Video 2.** Transesophageal echocardiography confirmed the right and left atrial masses.



**Figure 1.** Transthoracic echocardiography showed huge right atrial mass in apical 4-chamber view (A). Transesophageal echocardiography confirmed huge right atrial (B) and multiple left atrial masses (C). Thoracic computerized tomography also showed biatrial masses (D)



**Figure 2.** Positron emission tomography-computed tomography (PET-CT) revealed mid-pelvic subcutaneous mass with low-grade FDG accumulation (SUV max: 1.8) and 38x22 mm diameter (A) in which pathological examination showed superficial angio-myxoma (scattered intralesional neutrophils; H & E, x100) (B). Also scrotal sonography resulted as subcutaneous hypoechoic and vascular solid mass with 8x4.5 mm diameter (C) in which pathological examination confirmed the diagnosis of benign large cell calcifying Sertoli cell tumor of testis (tumor cells with significant eosinophilic cytoplasm and extensive calcification; H & E, x400) (D)

Answer: p. 823

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