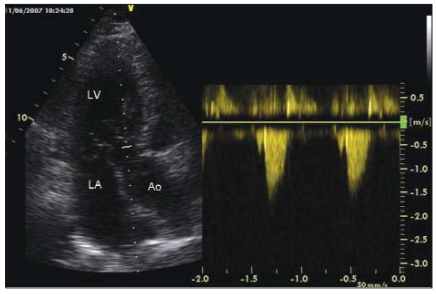

Figure 2. Transthoracic echocardiography demonstrates the accessory mitral valve tissue without subaortic obstruction in 2-dimensional view

visualization. Patients with AcMV causing considerable LVOT obstruction should be operated, however prophylactic removal should not be attempted in patients with no or mild obstruction and no other associated congenital anomalies. These patients should be followed by periodical echocardiographic examinations for catching any change in the LVOT obstruction.

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Hepatocellular carcinoma with right atrial extension causing clinical deterioration in a patient with ischemic cardiomyopathy

İskemik kardiyomiyopatili hastada klinik bozulmaya neden olan sağ atriyal yayılımlı hepatosellüler karsinoma

A 60-year-old man was admitted to our clinic with a 2 month history of fatigue, malaise, edema in both legs, abdominal distention and weight loss. He had a history of coronary artery bypass surgery two years ago. He was being followed as an outpatient with ischemic cardiomyopathy and chronic hepatitis B carrier.

On physical examination, he was cachectic, and had pallor. His scleras were ichteric and prominent jugular veins were present. Cardiac auscultation revealed an apical 2/6 pansystolic murmur radiating to the axilla. A palpable tender liver extending 6 to 7 cm below the subcostal plane in midclavicular line and ascites were noted during abdominal examination. He also had 2+ pitting pretibial edema.

Transthoracic echocardiography, performed because of deterioration of the clinical status, demonstrated depressed left ventricular systolic function and a huge mass in the right atrium (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). In the subcostal view, this mass was extending from inferior vena cava (IVC) through the right atrium (Fig. 2, Video 2. See corresponding video/movie images at www.anakarder.com). Laboratory tests showed that hemoglobin and trombocyte counts were within the normal range, but erythrocyte sedimentation rate was 66 mm/hour. Serum alaninaminotransferase and aspartataminotransferase levels were elevated and prothrombin time INR

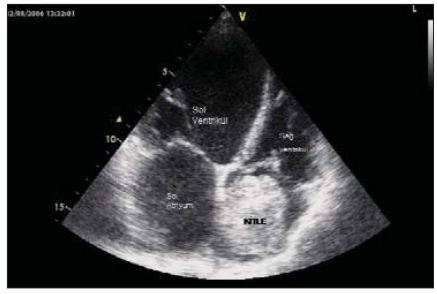

Figure 1. Four-chamber view of transthoracic echocardiogram showing large mass in the right atrium

was 2.0. Also, alpha-fetoprotein titer was high. Abdominal ultrasound indicated an enlarged liver with hyperechogenic multiple nodules throughout the parenchyma. Hepatocellular carcinoma was diagnosed after gastroenterology consultation.

Hepatocellular carcinoma is the most common primary malignant liver tumor. Although pericardial involvement is frequent, IVC and right atrium extension of primary tumor is a rare finding, reported in 1% to 4% of cases. These kinds of intracavitary tumours are associated with symptoms of obstruction, embolization along with fatigue and listlessness.

Thrombus originating from lower extremity, renal cell carcinoma, leiomyoma, leiomyosarcoma and panreatic adenocarcinoma have to be considered in differential diagnosis of intracavitary masses.

Figure 2. Subcostal view of transthoracic echocardiogram showing mass extending from the inferior vena cava to right atrium
IVC - inferior vena cava, RA- right atrium

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Incidentally found pulmonary aspergilloma in a patient with dilated cardiomyopathy

Dilate kardiyomiyopatili bir hastada tesadüfen bulunan pulmoner aspergilloma

A 46-year-old man with dilated cardiomyopathy was referred to our center for refractory heart failure despite of optimal medical therapy. For the assessment of cardiac output, pulmonary vascular resistance, and

the appropriateness for cardiac transplantation we decided to perform cardiac catheterization. Before the procedure, routine laboratory tests including blood tests and chest radiography were obtained. A cavitary mass was seen within the right lower lobe neighboring diaphragm (Fig. 1). The patient had non-productive cough. His past medical history was scrutinized and a contact history with a patient with tuberculosis infection was found. Laboratory examination revealed a seropositive test for the aspergillus fungus. Computed tomography (CT) was performed for the exact anatomical and radiodiagnostic diagnosis. It showed a cavitary mass (aspergilloma) with hyper- and hypodense areas corresponding fungal tissue (fungus ball) and filled with air (Fig. 2).

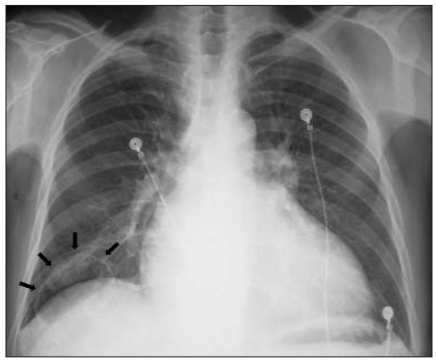

Figure 1. Chest radiography image showing increased cardio-thoracic ratio and the cavitary mass in the right lower lobe (black arrows)

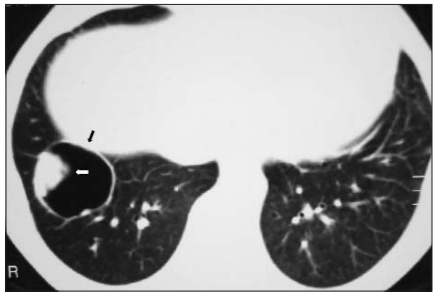

Figure 2. Computed tomography image showing the aspergilloma (black arrow) containing fungal debris (white arrow) on lung window image

Aspergillosis is a pulmonary infection caused by the aspergillus fungus. Fungus might cause disease in three ways: an allergic reaction in asthmatics; a colonization in scarred lung tissue like in tuberculosis; and an invasive infection with pneumonia which can affect the other organs such as heart, lungs, brain, and kidneys. Although most patients present with hemoptysis or productive cough, aspergillomas might be discovered incidentally on radiographs as in our case. Most lesions occur in the upper lobes. Dilated cardiomyopathy forms a background for immunocompromised condition. Pulmonary infections are common in these patients. Such infections complicate the course of the primary illness. In conclusion, cardiomyopathy patients even with mild symptoms should be evaluated for infectious diseases.

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Surgical approach to giant femoral artery pseudoaneurysm due to gunshot injury

Ateşli silah yaralanmasına bağlı gelişen dev femoral psödoanevrizmasına cerrahi yaklaşım

A 32 years old man was injured with gunshot 6 weeks ago. He was admitted to our clinic because of progressive left thigh medial tumor, function loss and pain in the last 4 weeks (Fig. 1). His left leg was slightly cold and peripheral pulses were hardly determined when compared with the other leg. There was pulsation on the mass and a murmur was heard on the affected leg. Lower extremity angiography showed a 6x5 cm saccular aneurysm, distal to left superficial femoral artery (Fig. 2). He was operated under endotracheal general anesthesia and in supine position. Pseudoaneurysm capsule of 13x10x9 cm in size was opened and organized thrombus masses were removed (Fig. 3). Saphenous vein graft's diameter was not enough for interposition, so patency was constructed with 6mm ringed expanded polytetrafluoroethylene (e-PTFE:Gore-tex) tube graft interposition (Fig. 4). Control color Doppler ultrasonography showed that ringed e-PTFE graft was patent.

Figure 1. Giant pseudoaneurysm mass at the left thigh of our patient

Figure 2. Angiographic image of pseudoaneurysm sac and the causative bullet

In this study we report a late-period giant femoral pseudoaneurysm due to gunshot injury at left distal femoral region and our diagnostic and surgical approaches. Vascular injuries comprise 3% of the traumas occurring in the daily life and even in 21st century, morbidity and mortality rates are significantly high. Femoral artery, especially the superficial femoral artery is the most frequent injured vessel during daily life and war, because it is relatively long and open to trauma. Therapeutic interventions include open surgical repair, ultrasound guided