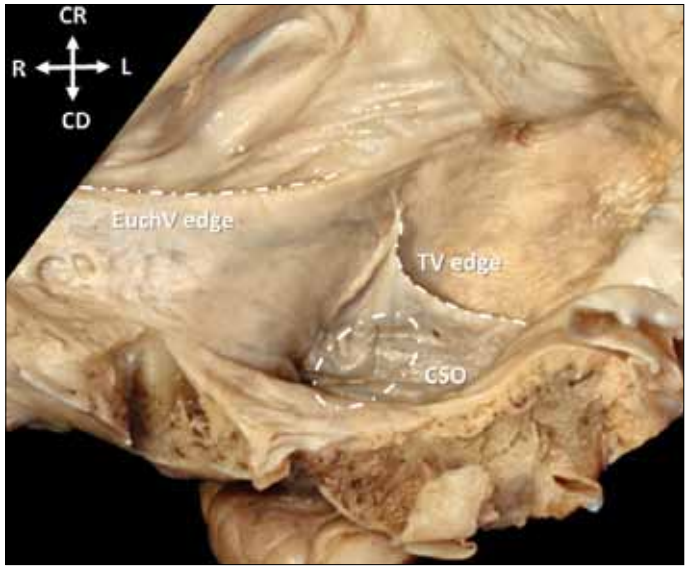

Figure 1. Thebesian valve that covers the whole coronary sinus ostium (CSO)
CR - cranial; CD - caudal; L - left; R - right side; TV - Thebesian valve; EuchV - Eustachian valve

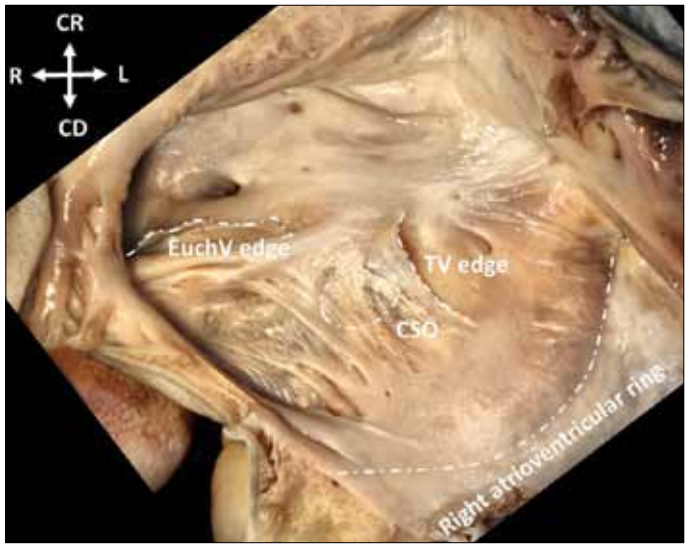

Figure 2. Case 2 - Thebesian valve that covers the whole coronary sinus ostium (CSO)
CR - cranial; CD - caudal; L - left; R - right side; TV - Thebesian valve; EuchV - Eustachian valve

According to our observations of 300 cadaver hearts, we can conclude that valves covering more than 100% of the CSO are present in 2.5% of individuals and can make conventional CS cannulation difficult or even impossible (Fig. 2, 3).

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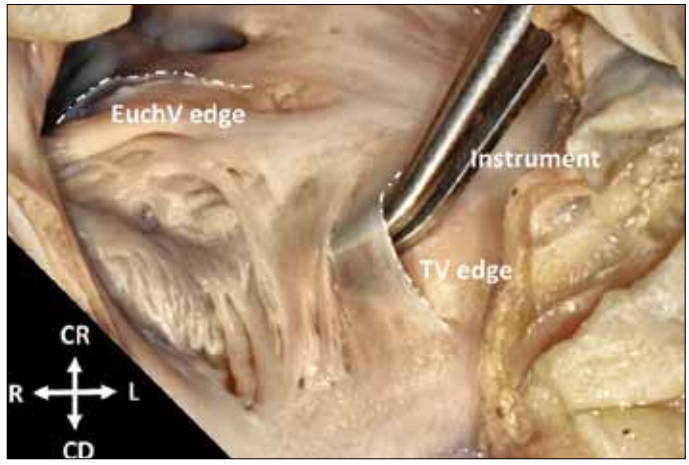

Figure 3. Case 2: Even the use of excessive force with the instrument (on the border of the tissue strength) does not allow the visualization of coronary sinus ostium
CR - cranial; CD - caudal; L - left; R - right side; TV - Thebesian valve; EuchV - Eustachian valve

Echocardiographic diagnosis of an asymptomatic giant right atrial appendage aneurysm

A 36-year-old man with exertional fatigue was referred to the outpatient department of our hospital for assessment. Transthoracic echocardiogram revealed a large cystic mass close to the right chambers, which compressed the entire right ventricle. The lateral side of the tricuspid valve annulus was displaced because of compression (Fig. 1, 2, Video 1). Additionally, transesophageal echocardiography revealed a thin-walled outpouching cavity (85 x 45 mm) with dense echocardiographic contrast in continuity with the right atrium; this was confirmed as a giant right atrial appendage aneurysm (Fig. 3-5, Video 2, 3). Giant right atrial appendage aneurysm is extremely rare. Because of the risk

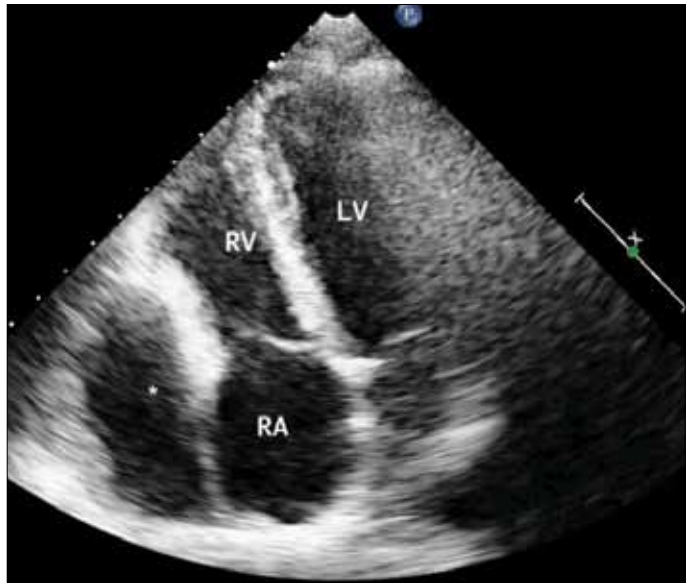

Figure 1. Transthoracic echocardiogram in the apical four-chamber view revealed a large cystic mass close to the right chambers, compressing the entire right ventricle

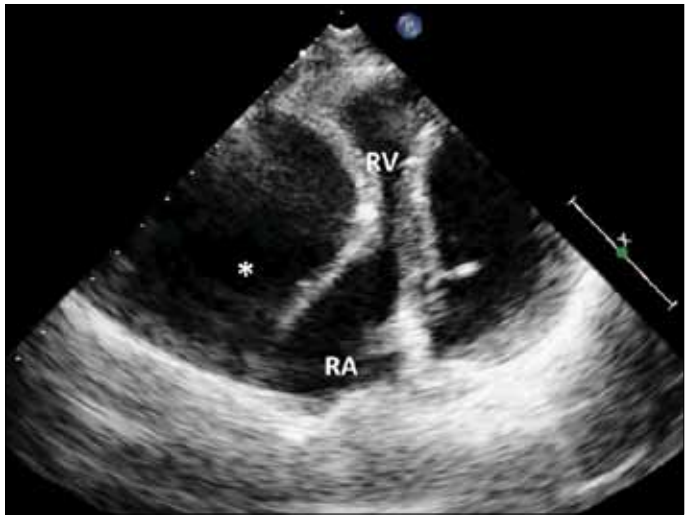

Figure 2. Transthoracic echocardiogram in the off-axis parasternal view revealed a larger cystic mass

Figure 3. Transesophageal echocardiography in the 46° view revealed a large thin-walled cavity in continuity with the right atrium

of rupture and thrombosis, aneurysmectomy was required; thus, the patient received surgical treatment. The postoperative course was uneventful.

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Video 1. Transthoracic echocardiogram in the apical four-chamber view revealed a large cystic mass, which compressed the entire right ventricle.
Video 2 and 3. Transesophageal echocardiography in the 94° view revealed an 85 x 45-mm thin-walled cavity in continuity with the right atrium.

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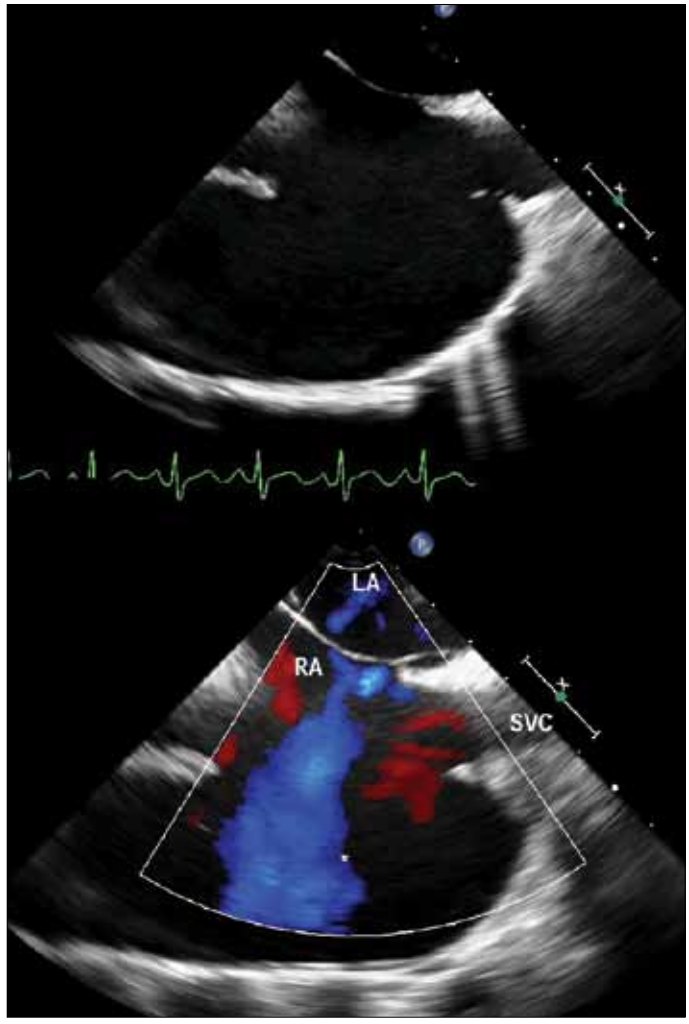

Figure 4. Transesophageal echocardiography in the 94° view revealed an 85 x 45-mm right atrial appendage aneurysm

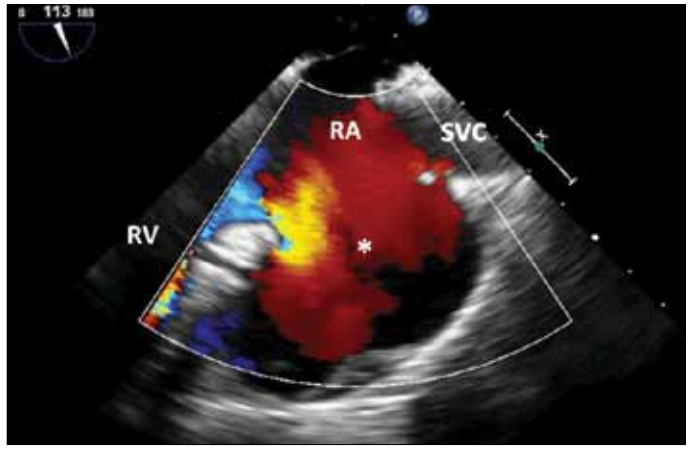

Figure 5. Transesophageal echocardiography in the 113° view revealed a giant right atrial appendage aneurysm

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