

Squeezed heart 🎬

A 62-year-old man was admitted to our department because of intermittent upper abdominal pain, nausea and vomiting, and abdominal distension, which were relieved by a change of posture or a sudden movement, and atypical chest pain. The patient had no history of surgery, but he had undergone coronary angiography 1 year ago, which revealed normal coronary arteries. Physical examination and electrocardiogram (ECG) were within normal limits. A chest and abdominal X-ray disclosed a plain radio-dense image located in the right border of the heart just below the right lung (Fig. 1, a, b). Transthoracic echocardiography (TTE) revealed normal left ventricle diameters with normal

systolic functions. The right ventricle was also normal, and the systolic pulmonary artery pressure was approximately 25 mm Hg with trivial tricuspid regurgitation, but the right atrium was compressed by a radiolucent mass (Fig. 2a, b, Video 1, 2).

What is your diagnosis?

1. Epicardial lipomatous hypertrophy
2. Chilaiditi's syndrome
3. Mediastinal neoplasm
4. Huge extralobar right lung sequestration

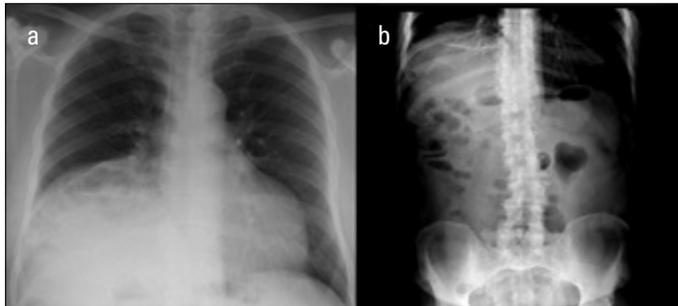


Figure 1. a, b. (a) Chest and (b) abdominal X-ray demonstrate a radio-dense image located in the right border of the heart

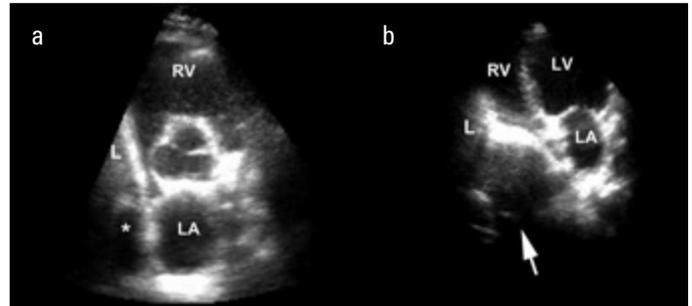


Figure 2. a, b. (a) (asterisk) and Video 1 show right atrial compression by a radiolucent mass in the parasternal short-axis view of TTE. (b) (arrow) and Video 2 show right atrial compression by a radiolucent mass in the apical four-chamber view of TTE

L - liver; LA - left atrium; LV - left ventricle; RV - right ventricle

Answer: p. 777

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