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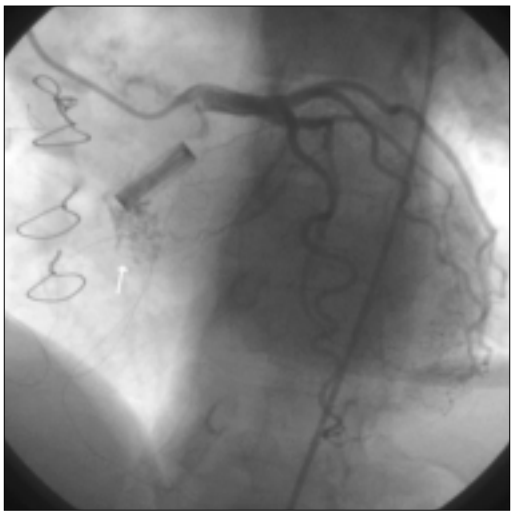

Figure 3. Abnormal vascular network detected by coronary angiography

catheterization is superior in the qualitative diagnosis of the tumor. As we showed in this case tumor blush might be interpreted as marker of highly vascularized tumors (3).

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Giant left atrium

Dev sağ atriyum

A 51-year-old woman was admitted to outpatient clinic with shortness of breath and palpitation. She had a medical history of rheumatic heart disease with mitral stenosis and regurgitation. She had had a mitral valve prosthesis replacement in 1988 and also had undergone a re-operation for prosthesis insufficiency in 2001. A chest X-ray showed markedly dilatation of heart with nearly complete opacification of lower chest zones (Fig. 1). Transthoracic echocardiography showed normal functions of mitral valve prosthesis with minimal valvular regurgitation. There was a giant left atrium measured as 142x142 mm from parasternal short-axis view (Fig. 2) and 144x116 mm from apical four-chamber view (Fig. 3. Video 1. See corresponding video/movie images at www.anakarder.com). There was no evident dilatation of right side of the heart and surprisingly pulmonary artery systolic pressure, estimated from tricuspid regurgitation flow, was not very high (45 mmHg).

Left atrial compensation mechanism due to pressure overload in mitral stenosis is dilatation in order to balance pulmonary capillary wedge and pulmonary artery pressures. This case is an interesting example for understanding the nearly unlimited compensation role of left atrium during chronic pressure overload.

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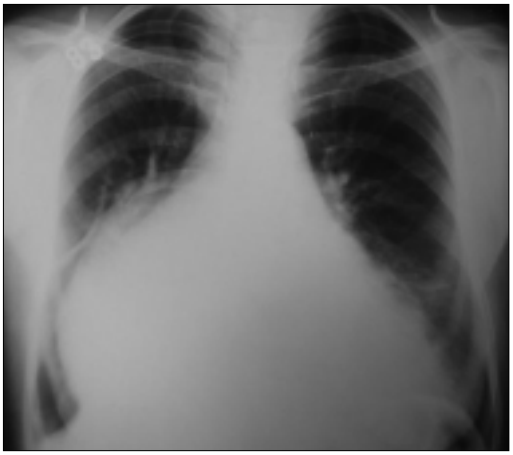

Figure 1. Roentgenogram showing a markedly dilated heart due to dilated left atrium

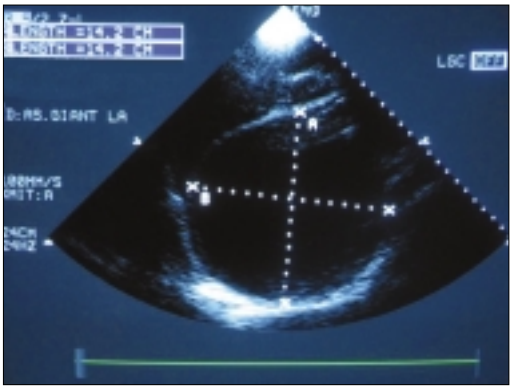

Figure 2. Parasternal short-axis view of dilated left atrium

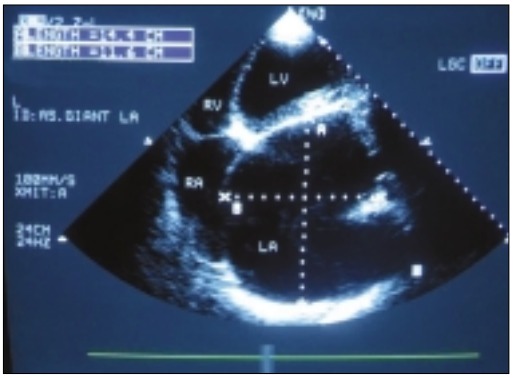

Figure 3. Apical four-chamber view of dilated left atrium
LA- left atrium, LV- left ventricle, RA- right atrium, RV- right ventricle