Bunch of Grapes in Heart: Real Time 3-Dimensional Images

Kalp İçerisinde Üzüm Salkımı: Gerçek Zamanlı 3-Boyutlu Görüntüler

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A 52-year-old female presented with complaints of syncope, weakness at right extremities and difficulty in speech. Past medical history was unremarkable. Physical examination revealed mixt aphasia, 2/5 muscle strength at right upper and lower extremities. Electrocardiography revealed sinus rhythm. Cranial computed tomography (CT) did not reveal any hemorrhage or infarct. Patient was hospitalized in neurology clinic and acetylsalicylic acid and fraxiparine were initiated. Control cranial CT at 24th h revealed an acute infarct area on left temporofrontal area. Her carotid artery Doppler was also normal. Transthoracic echocardiography was performed in order to exclude cardioembolic origin. It showed intracardiac mass with a diameter of 3.5x3 cm and irregular contours originating from interatrial septum and protruding to mitral orifice during diastole (Figure 1). 2D and 3D real time transesophageal echocardiography confirmed the mass more clearly (Figure 2). The mass was removed surgically and interatrial septum was closed primarily (Figure 3). Pathology of the mass was compatible with myxoma. After the operation, patient recovered and was discharged to home.

Figure 1. Two-dimensional transthoracic echocardiography showing a large mobile mass (arrows) in the left atrium protruding into the left ventricle (Video File 1).

Figure 2. Real-time three-dimensional tranesophageal echocardiography (3D TEE) clearly depicted a left atrial mass attached by a pedicle to the interatrial septum (Video File 2).

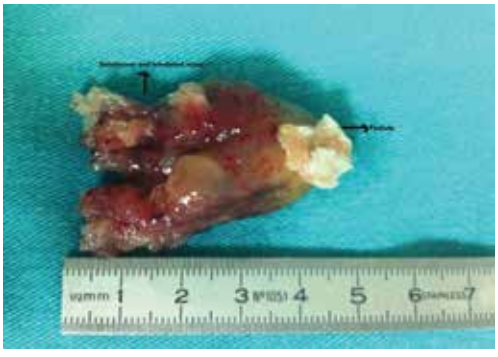

Figure 3. Macroscopically, the mass had a gelatinous appearance and a lobulated irregular surface.

Video clips are available at www.kosuyolukalpdergisi.com

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