- in the Collaborative Atorvastatin Diabetes Study (CARDS): multicentre randomised placebo-controlled trial. *Lancet* 2004;**364**:685–696.
- 23 Janand-Delenne B, Savin B, Habib G, et al. Silent myocardial ischemia in patients with diabetes. Who to screen. Diabetes Care 1999;22:1396–1400.
- 24 McGuire DK, Emanuelsson H, Granger CB et al., for the GUSTO II-b Investigators. Influence of diabetes mellitus on clinical outcomes across the spectrum of acute coronary syndromes. Findings from the GUSTO II-b study. Eur Heart J 2000;21:1750–1758.
- 25 Malmberg K, Rydén L, Efendic S et al., on behalf of the DIGAMI study group. Randomized trial of insulin-glucose infusion followed by subcutaneous insulin treatment in diabetic patients with acute myocardial infarction (DIGAMI study): effects on mortality at 1 year. J Am Coll Cardiol 1995;26:57–65.
- 26 Malmberg K, Norhammar A, Wedel H, et al. Glycometabolic state at admission: important risk marker of mortality in conventionally treated patients with diabetes mellitus and acute myocardial infarction: long-term results form the Diabetes and

- Insulin-Glucose Infusion in Acute Myocardial Infarction (DIGAMI) study. Circulation 1999;99:2626-2632.
- 27 Malmberg, L. Rydén, H. Wedel et al., for the DIGAMI 2 Investigators. Intense metabolic control by means of insulin in patients with diabetes mellitus and acute myocardial infarction (DIGAMI 2): effects on mortality and morbidity. Eur Heart J 2005:26:650-61.
- 28 Van den Berghe G, Wouters PJ, et al. Outcome benefit of intensive insulin therapy in the critically ill: insulin dose versus glycemic control. Cri Care Med 2003;31:359–366.
- 29 UK Prospective Diabetes Study (UKPDS) Group. Intense blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). Lancet 1998;352:103-117
- 30 Gaede P, Vedel P, Larsen N, et al. Multifactorial intervention and cardiovascular disease in patients with type 2 diabetes. N Engl J Med 2003;30:348, 383–93.

IMAGES IN CARDIOLOGY.....

doi: 10.1136/hrt.2006.107136

Dynamic changing mass behind the left atrium

n 85-year-old woman was examined at the echocardiography laboratory during a predischarge examination after an uncomplicated, circumscribed acute myocardial infarction.

An undefined liquid-containing mass (*) was observed behind the left atrium (LA), with no evidence of compression (panel A). This mass could be clearly demonstrated (arrow) after ingestion of 300 ml sparkling water mixed with an ampoule of the echo contrast medium Echovist 300 (D-galactose suspension; Schering AG, Berlin, Germany), and the performance of a Valsalva manoeuvre (panel B). The video recording of the examination shows a dynamic filling of the mass behind the LA during the abdominal compression manoeuvre, and its emptying towards the stomach after relaxation. The patient showed no symptoms at all during the whole examination.



A hiatal hernia masked as an LA mass can be diagnosed accidentally during echocardiographic examination. Most patients are asymptomatic, whereas a few patients present symptoms of gastro-oesophageal reflux. Arrhythmias and heart failure have been reported. This patient presented no history of recurrent gastrointestinal symptoms or



postprandial syncope, therefore, conservative treatment was recommended.

S Buss, H A Katus, D Mereles derliz.mereles@med.uni-heidelberg.de



To view video footage visit the Heart website—http://heart. bmj.com/supplemental