

A Large, Free-Floating Right Atrial Thrombus Evoking Periodic Dizziness

A 62-year-old man suffered from exertional dyspnea and repetitive momentary dizziness that began occurring just after forceful chest beating to end an episode of acute shortness of breath 3 days prior. His blood pressure was 102/66 mmHg. His D-dimer level (435 µg/L) and N-terminal pro-brain natriuretic peptide level (2,863 pg/mL) were elevated. Electrocardiography exhibited atrial fibrillation with a regular junctional rhythm and a rate of 56 bpm. An intracardiac mass and acute thromboembolism in both pulmonary arteries (APTE) were diagnosed by computed tomography (Fig. 1A and 1B). Echocardiography revealed a very large 60 × 50 mm deformable mass floating freely in the markedly enlarged right atrium (RA), plugging the right ventricle through the tricuspid valve and periodically occupying the entire cavity (Fig. 1C). Emergent surgery was performed to remove the mass and the APTE. The

RA mass was a Chinese moon cake-like thrombus (65 × 55 × 20 mm) (Fig. 2). Two remnant stalks were found on the RA wall. Pathology confirmed that the mass was an organized thrombus and that the stalks were degenerative muscular tissue.

Conflict of interest

No potential conflict of interest relevant to this article is reported.

Sun Hwa Lee, Kyoung-Suk Rhee, Won Ho Kim, and Jae-Ki Ko

Division of Cardiology, Department of Internal Medicine and Research Institute of Clinical Medicine, Chonbuk National University Medical School, Jeonju, Korea

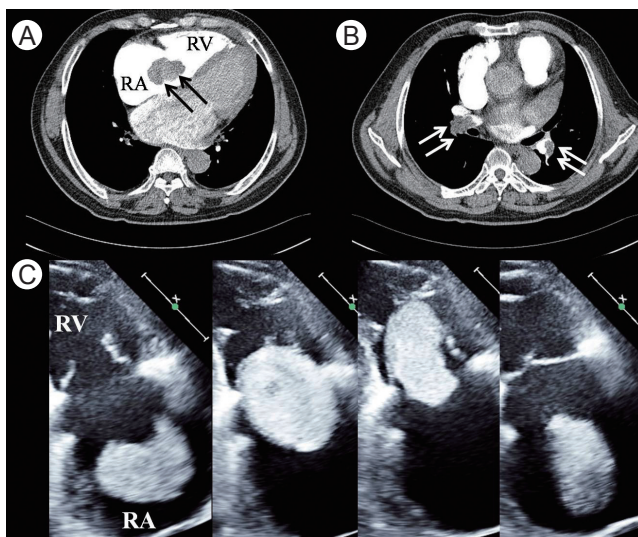


Figure 1. (A, B) Computerized tomographic images showing a mass floating in the right heart (A, black arrows) and embolism in both pulmonary arteries (B, white arrows). (C) A series of echocardiographic images of the right heart. A huge deformable echogenic mass in the enlarged right atrium (RA) is floating and plugging the right ventricle (RV) during diastole (the first three images) and ejected out during systole (the last).

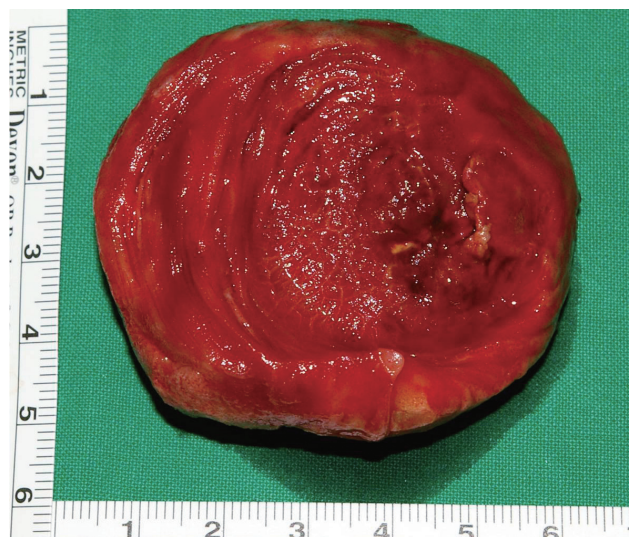


Figure 2. An easily deformable huge thrombus (65 × 55 × 20 mm) removed from the right atrium.

Received : July 26, 2012
 Revised : July 26, 2012
 Accepted: July 26, 2012

Copyright © 2012 The Korean Association of Internal Medicine

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.