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## Images in Cardiology

# The evanescent right atrial mass



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### ARTICLE INFO

#### Article history:

Received 9 April 2015

Accepted 27 May 2015

Available online 8 August 2015

#### Keywords:

Lymphoma

Burkitt lymphoma

Atrial mass

Cardiac tumor

### ABSTRACT

An unusual cause of pulmonary emboli from an evanescent right atrial mass is described in this case report. The systematic approach from initial presentation to a definite diagnosis of a rare condition is described.

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## 1. Case report

A 38-year-old Caucasian male with HIV on highly active anti-retroviral therapy for 13 years and hepatitis C presented to the Emergency Department (ED) with a 1-week history of increasing dyspnea, tachycardia and palpitations without syncope or chest pain. Workup in the ED revealed an elevated D-Dimer-2.31  $\mu\text{g}/\text{ml}$  (normal 0.22–0.50  $\text{mcg}/\text{ml}$ ). This prompted a CTA which showed sub-segmental pulmonary emboli. A density in the right atrium and right ventricle was also noted [Fig. 1].

A transthoracic echocardiogram revealed a large mass measuring 6.9 cm  $\times$  5.0 cm in the right atrium with a “cluster of grapes” appearance prolapsing into the RV in diastole through the tricuspid valve [Fig. 2]. A trans-esophageal echocardiogram [Fig. 3] and cardiac magnetic resonance imaging (CMR) were then performed to further characterize



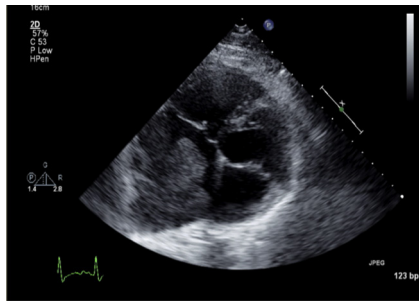
**Fig. 1 – Chest CT scan showing a right-atrial mass measuring 5.7 cm in diameter.**

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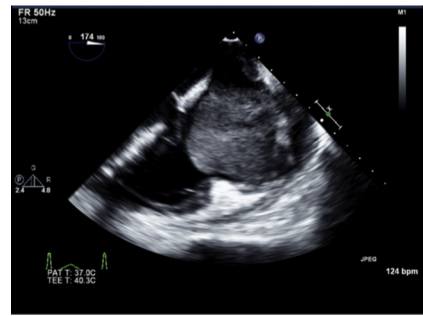
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<http://dx.doi.org/10.1016/j.ihj.2015.05.021>

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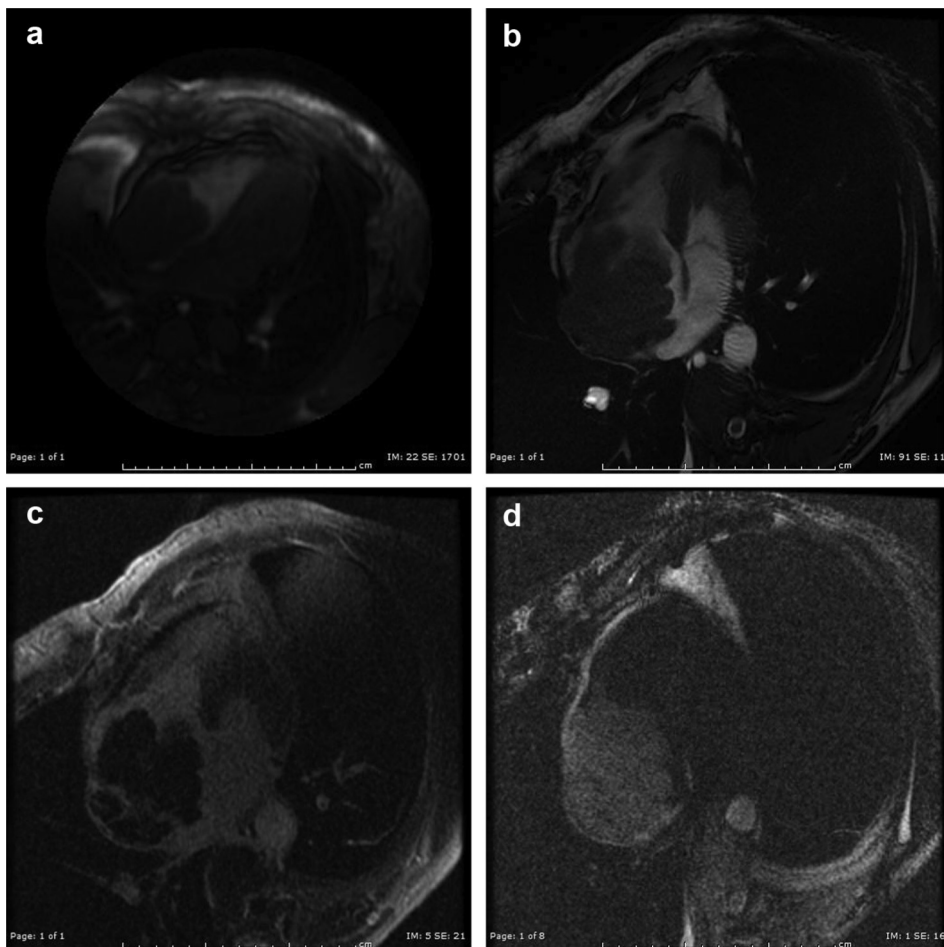
**Fig. 2 –** Transthoracic echocardiogram showing a large mass with a “grape cluster” appearance and filling the right atrium near completely.



**Fig. 3 –** Transesophageal echocardiogram showing a large mass prolapsing through the tricuspid valve and filling the right atrium near completely.

and delineate the extent of the mass. CMR confirmed a lobulated mass filling the right atrium [Fig. 4a], which was isointense on double inversion recovery images [Fig. 4b] and hyperintense on triple inversion recovery images [Fig. 4c]. After administration of gadolinium based contrast, there was heterogeneous delayed enhancement [Fig. 4d].

Due to the concern about extracardiac extension of this mass on CT and MR, and the high likelihood that this might be a malignancy, the decision was made to obtain a tissue diagnosis to save this patient an open sternotomy.



**Fig. 4 –** (a) Steady state free precession cardiac magnetic resonance in a 4-chamber view showing a lobulated mass filling the right atrium. (b) Double inversion recovery cardiac magnetic resonance in a 4-chamber view showing an isointense right atrial mass. (c) Triple inversion recovery cardiac magnetic resonance in a 4-chamber view showing a hyperintense right atrial mass. (d) Post contrast delayed enhancement cardiac magnetic resonance in a 4-chamber view showing heterogeneous enhancement of the right atrial mass.

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