

subendocardium or subepicardium. The most commonly affected sites are left ventricle, right atrium and interatrial septum. The tumor in our case is located in the interventricular septum on the right ventricle side. Magnetic resonance signal characteristics of lipomas are quite specific; lipomas have high signal intensity on T1 and T2 weighted images and their signal are suppressed by fat suppression sequence and by this way cardiac MRI become diagnostic in this case. We described the rare case of a patient with right ventricular. This case underlines the usefulness of MRI for the evaluation of cardiac tumors, particularly lipomas.

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## Giant metastatic left atrial tumor leading to pulmonary edema

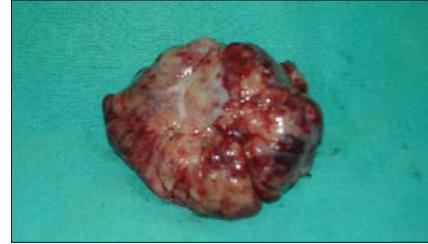


*Akciğer ödemeine yol açan dev sol atriyal metastatik tümör*

A 52-year-old male patient was referred to our hospital with complaints on worsened shortness of breath and cough. His general examination showed orthopnea and pain with palpation of right upper quadrant, bilateral jugular venous distension and diffuse crepitation rales in both lungs. His personal history revealed cigarette smoking for 30 years. Transthoracic and transesophageal echocardiographic examinations showed a partially mobile homogeneous mass with occasional lobulations completely occupying the left atrium (Fig. 1, Video 1. See corresponding video images at www.anakarder.com). Other heart cavities were in normal size and their functions were normal. On his physical examination blood pressure was 120/80 mmHg, heart rate 100 /min and first heart sound was decreased. Telecardiography showed presence of infiltration occupying half of his right lung and cardiothoracic index was increased in favor of the heart. His coronary angiography was normal. Upon worsening of his general condition, he has been referred for urgent surgical operation. During the surgery, a gray-white colored, lobulated, encapsulated mass (6 x 5 x 3 cm) completely occupying the left atrium was excised (Fig. 2). Pneumonectomy was not performed. During the surgery it was observed that the mass was organized and no embolism was present. No complications associated with the mass occurred during and after excision. Pathologic examination of the mass led to a diagnosis of metastatic carcinoma of pulmonary vein origin. Follow-up echocardiography at the



**Figure 1.** Echocardiography view of the left atrial mass



**Figure 2.** Pathology specimen of left atrial mass, removed during surgery

postoperative period showed normal findings except for an insignificant mitral regurgitation. The patient with no postoperational complications was discharged with a recommendation for follow-up by oncology outpatient clinic.

While pulmonary edema is a commonly encountered clinical condition, we believe that it is important to consider left atrial metastatic tumors.

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## Ball thrombus in ligated left atrial appendage

*Bağlanmış sol atriyal apendiks içinde top trombüs*

A 40-year-old woman with paroxysmal atrial fibrillation was admitted to our hospital because of shortness of breath (NYHA III), palpitations and fatigue. Fifteen years earlier, the patient had been performed closed mitral commissurotomy. On physical examination, the blood pressure was 100/60 mm Hg and the heart rate was irregular at 95 beats/min. A 12-lead electrocardiogram showed atrial fibrillation. On admission, the patient had jugular venous distention to the angle of the jaw and trace peripheral edema. Full blood count and blood biochemistry were normal. As transthoracic echocardiography showed a suspect thrombus in the left atrium and severe mitral stenosis (mitral valve area=1.4 cm<sup>2</sup>, calculated by pressure half-time method), Transesophageal echocardiography (TEE) was performed. The TEE confirmed the presence of a



**Figure 1.** Transesophageal echocardiography shows ball thrombus in ligated left atrial appendage.

LA - left atrium, LV - left ventricle, T - thrombus