A 44-year-old male patient was admitted because of preoperative evaluation before multiple teeth extraction under general anesthesia. His past medical history revealed myxoma excision from left atrium and mass excision from axillary region in which pathology resulted as neurofibroma. Examination was unremarkable except for tumor plop and inguinal cutaneous mass. Electrocardiogram displayed sinus rhythm. Transthoracic echocardiography revealed huge right atrial mass (Fig. 1A) and multiple left atrial masses, originating from interatrial septum (Video 1. See corresponding video/movie images at www.anakarder.com). Transesophageal echocardiography confirmed right atrial mobile mass (46 x 58 mm) which was prolapsing through the tricuspid valve into the right ventricle (Fig. 1B) and multiple left atrial masses (13x13 mm) (Fig. 1C, Video 2. See corresponding video/movie images at www.anakarder.com). Thoracic computerized tomography revealed multiple bilateral pulmonary emboli, huge right atrial mass and left atrial mass originating from interatrial septum (Fig. 1D). Coronary angiography showed normal coronary vessels except anomalous circumflex artery originating from right coronary ostium. Because of the acromegalic appearance, the patient referred to Endocrinology Unit. Further evaluation of the patient revealed hypophysis macroadenoma, pheochromocytoma, multinodular goiter, inguinal superficial angio- myxoma (Fig. 2A, B) and testicular Sertoli cell tumor (Fig. 2C, D). Initially, cardiac mass excision was performed and thereafter the patient underwent total thyroidectomy, right radial orchiectomy and inguinal mass excision. Pathological examinations of the right and left atrial masses revealed cardiac myxoma in concordance with the preoperative diagnosis.

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2. Carney triad
3. Carney syndrome
4. Neurofibromatosis type 1

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