Giant right atrium

Extreme enlargement of the right atrium is uncommon. A 45-year-old man was admitted to our hospital because of fatigue and swelling in the lower extremities. He underwent prosthetic mitral valve replacement of three-year history. On physical examination, he had prominent jugular V waves, a right ventricular lift, bilateral edema in the lower limbs, and the liver was palpable up to 6 to 7 cm below the right substernal border. A mechanical valve sound could be heard at the apex, and a grade 3 holosystolic murmur was heard on the tricuspid valve area. Transthoracic echocardiography showed normal function of the mitral valve prosthesis. A giant right atrium was noted measuring 12 x 11 cm from the apical four-chamber view. There was incomplete systolic coaptation of the tricuspid leaflets, causing severe tricuspid regurgitation (Fig. A, B). Pulmonary artery systolic pressure, estimated from the tricuspid regurgitation flow was 50-55 mmHg. The inferior vena cava and hepatic veins were dilated.

Cyst-like anterior mitral valve aneurysm

Echocardiographic cyst-like structure of the mitral valve is an uncommon finding, usually associated with blood cyst, accessory chordae of the mitral valve, or mitral valve aneurysm. The differential diagnosis is generally made by transthoracic or transesophageal echocardiography. A 50-year-old man with chronic obstructive pulmonary disease was referred from the chest diseases clinic for echocardiographic assessment of pulmonary artery pressure. He appeared well and had no history of cardiovascular disease including infective endocarditis. Transthoracic echocardiography showed a mild mitral regurgitant flow and a cystic appearance on the anterior mitral leaflet (Fig. A, B). The anterolateral papillary muscle and related chordae were attached to this structure (Fig. C). Echocardiographic off-axis image showed a mitral valve aneurysm (Fig. D). As the patient was asymptomatic and refused transesophageal echocardiography, he was scheduled for follow-up.