A healthy right lobe of the liver mimicking a paracardiac mass: a case of idiopathic right diaphragm paralysis

Parakardiyak kitleyi taklit eden karaciğerin sağlıklı sağ lobu: Bir idiyopatik sağ diyafragma paralizisi olgusu

A 51-year-old previously healthy woman had been suffering from exertional dyspnea for months. Physical examination was normal, and electrocardiography revealed sinus rhythm. Hemogram and biochemical test results were all within normal limits. The chest radiograph depicted an elevated right hemi-diaphragm (Fig. A). Two-dimensional transthoracic echocardiography showed a solid-looking paracardiac mass (7.0 x 7.5 cm). The mass, characterized by a regular border, was positioned adjacent to the right atrium (Fig. B). The right atrium was being impinged on by the mass during both systole and diastole (Video file 1*). Based on the aforementioned echocardiographic findings, a provisional diagnosis of paracardiac neoplastic mass was determined. Therefore, both thoracic and abdominal computed tomography (CT) examinations were performed in an attempt to comprehensively evaluate the mass, along with suspected diaphragmatic paralysis. The abdominal CT examination was unremarkable. The thoracic CT examination revealed that the right hepatic lobe had caused the right atrial collapse and had been simulating a mass near the right atrium due to the idiopathic diaphragmatic paralysis (Fig. C). Though generally asymptomatic, unilateral diaphragmatic paralyses may, in rare cases, cause exertional dyspnea as well. They commonly appear incidentally on plain chest X-rays as diaphragmatic elevations and provide few echocardiographic clues. However, in cases similar to ours, unilateral diaphragmatic paralysis may also appear as a mass on electrocardiography due to hepatic elevation.

Figures—(A) Chest radiograph showing the elevated right hemi-diaphragm. (B) Transthoracic echocardiography showed a huge solid-looking paracardiac mass. (C) Thoracic CT examination showed that the mass was actually the right hepatic lobe. RA: Right atrium; RV: Right ventricle. *Supplementary video files associated with this presentation can be found in the online version of the journal.