## Concomitant presence of blood cyst and atrial septal defect: A rare association

Kan kisti ve atriyal septal defekt birlikteliği: Nadir bir ilişki

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Department of Cardiology, Ahi Evren Chest and Cardiovascular Surgery Training and Research Hospital, Trabzon "Department of Cardiology, Akçaabat Haçkalı Baba State Hospital, Trabzon \*Department of Cardiology, Kars Kafkas University Faculty of Medicine, Kars A 27-year-old woman was admitted to our clinic with dyspnea. On physical examination, a 2/6 systolic murmur was audible the mesocardiac area. Her laboratory examination was normal. Electrocardiogdemonstrated raphy normal sinus rhythm. On transthoracic echocardiography, a cystic mass originating in the interatrial septum was seen inside the right atrium, and a left-to-

right shunt through the interatrial septum was demonstrated. A cystic mass of diameter 10x11 mm located in the right atrial side of the interatrial septum, and an ostium secundum type atrial septal defect (ASD)

with a drop out of 3 mm causing left-to-right shunt at 4 mm caudal to the cyst were revealed on transesophageal echocardiography (Figure A-D). Further examination with agitated serum contrast showed a filling defect due to the presence of the blood cyst inside the right atrium (Video 1\*). With right chamber diameters normal, systolic pulmonary artery blood pressure not elevated, and Qp/Qs of 1.2, it was decided to follow up with medical therapy. Blood cysts of the heart were first described in 1844 by Elsasser. They are usually congenital in origin and located on the heart valves. The differential diagnosis of a blood cyst includes myxoma, vegetation, hydatid cyst, cardiac malignancies, abscess and thrombus. The absence of any calcification and the homogeneous pattern of fluid supported the diagnosis of a blood cyst in our case. To our knowledge, although the association

of a blood cyst with varying congenital heart diseases has been reported, this is the first report of the concomitance of a blood cyst and an ASD.





Figures- (A) The cystic mass located in the right atrium is shown. (B) The ostium secundum type ASD with 3 mm drop out is revealed. (C) Left-toright shunt 4 mm caudal to the ASD is shown. (D) A filling defect with agitated serum contrast compatible with blood cyst and negative contrast filling secondary to the ASD is shown (Ao: Aorta; RA: Right atrium; LA: Left atrium). \*Supplementary video files associated with this presentation can be found in the online version of the journal.