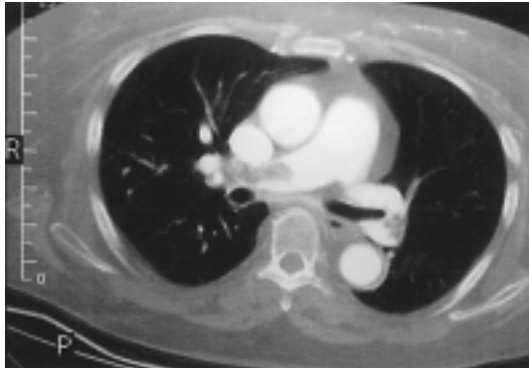
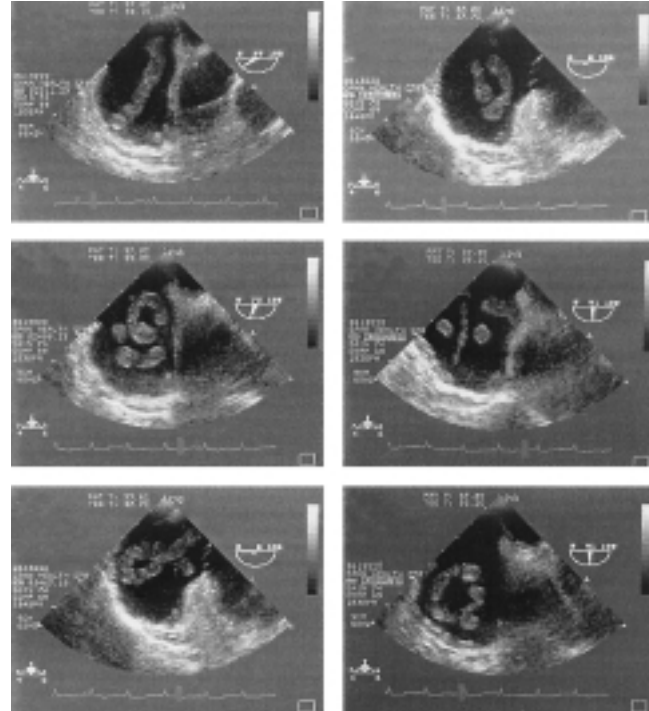




Images in Clinical Medicine



A



B

Massive Right Atrial Thrombus

An 80-year-old woman presented to the emergency department soon after the onset of shortness of breath. Computed tomography of the chest (Panel A) revealed a pulmonary embolism and an apparent atrial mass. Subsequent transesophageal echocardiography (Panel B and video) demonstrated a large, mobile, right atrial mass that was tortuous in appearance and intermittently traversed the tricuspid valve. The patient was taken to the operating room, where a median sternotomy was performed and cardiopulmonary bypass was instituted. A firm, fibrotic thrombus that was 22 cm long was at the entrance to the right atrium. It contained a knot and obstructed nearly the entire atrium. The clot was extracted, and a separate pulmonary-artery thrombectomy was performed. On the following day, a Greenfield venacaval filter was placed and warfarin therapy was subsequently initiated. The patient was well one year after surgery. She had no previous history of atrial fibrillation.

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