INTERNAL X MEDICINE

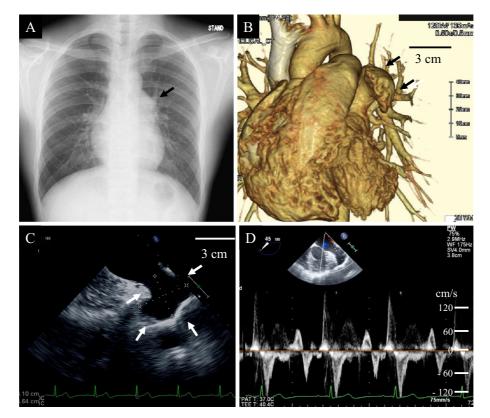
□ PICTURES IN CLINICAL MEDICINE □

Giant Left Atrial Appendage Mimicking a Mediastinal Tumor

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A 22-year-old man visited our hospital for an evaluation of a suspected mediastinal tumor on chest radiography (Picture A, arrow). He was asymptomatic and had no past medical history. Electrocardiography (ECG) and transthoracic echocardiography demonstrated normal findings, and Holter ECG showed no significant arrhythmias. As contrastenhanced three-dimensional chest computed tomography revealed an upwardly-enlarged left atrial appendage (LAA), without any other abnormalities (Picture B, arrows), a congenitally giant LAA was diagnosed. Transesophageal echocardiography showed no thrombi or spontaneous echo contrast in the LAA (Picture C, arrows), with a normal LAA emptying velocity (Picture D). Therefore, we did not prescribe any anti-coagulant agents or recommend surgical resection.

A giant LAA is a rare anomaly, either congenital or ac-

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quired. Although this condition is asymptomatic, an increase in size observed with aging predisposes the patient to supraventricular arrhythmias, thromboembolism, cardiac dysfunction and compression of the left coronary artery (1). Therefore, physicians must provide strict follow-up for asymptomatic patients with giant LAAs. The authors state that they have no Conflict of Interest (COI).

Reference

 Kuiten WMM, de Heer LM, van Aarnhem EEHL, Onsea K, van Herwerden LA. Giant left atrial appendage: A rare anatomy. Ann Thorac Surg 96: 1478-1480, 2013.

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