IMAGE

**An unusual right atrial mass**

Un inhabituelle de masse de l’oreillette droite

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**MOTS CLÉS**

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A 60-year-old woman presented with worsening exertional dyspnoea. She had been having intermittent right heart failure symptoms for 2 years prior to our assessment; however, her functional capacity had recently shown significant deterioration.

An echocardiogram revealed a large right atrial mass measuring 63 × 47 mm, which was almost completely occluding the tricuspid valve (Fig. 1). The IVC was also occupied by the mass, with faint flow between the mass and the IVC wall. Contrast-enhanced computed tomography of the chest and abdomen showed a highly enhanced, 10 cm mass with central necrosis in the right suprarenal region (Fig. 2) on arterial phase. The mass extended into the right hepatic vein and the right atrium. Intraluminal thrombi from the suprarenal segments of the IVC to both femoral veins were observed. The liver was congested due to outflow obstruction. A small amount of ascites was also observed. The mass was successfully resected under circulatory arrest. The patient was weaned from the cardiopulmonary bypass successfully; however, her vital signs became unstable repeatedly, even with full inotropic support and, unfortunately, she did not survive. Laboratory studies and pathology were consistent with pheochromocytoma.

There have been only a few published cases of a pheochromocytoma from an adrenal mass extending into the right atrium. In the absence of suggestive symptoms (such as high blood pressure, headache or excessive sweating), we suggest that careful preoperative measures are very important if pheochromocytoma is on a list of differential diagnoses.

Abbreviation: IVC, inferior vena cava.

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Figure 1. Huge mass occupying the right atrium. Note that some of the mass protrudes into the right ventricle through the tricuspid valve.

Figure 2. Axial and coronal views of contrast-enhanced computed tomography scan. The right adrenal mass extends into the right atrium through the inferior vena cava. The mass shows peripheral enhancement (arrows) and central necrosis (stars).

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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