


34. Idiopathic dilatation of the right atrium (IDRA) must be evoked on the finding of a disproportionately enlarged right atrium in the absence of other cardiac or haemodynamic abnormalities and must be distinguished from other anomalies such as right atrial diverticula or Ebstein’s anomaly. Right atrial enlargement may be associated with tricuspid annular dilation responsible for functional regurgitation, which may worsen the right atrium dilation and led to right ventricular dysfunction. IDRA has been reported to occur at all stages of life and is often diagnosed fortuitously. Atrial fibrillation, systemic embolism, and heart failure are the classical complications that can be managed medically in most of the cases. Surgical resection of the right atrium may be proposed in patients with incessant arrhythmia, congestive heart failure, and left ventricular compression that might cause sudden cardiac death.

Panel A. Chest radiography: cardiac enlargement with a cardiothoracic index of 0.74 and slight congestion of the bilateral lung fields.

Panel B. An enlarged right atrium with severe functional tricuspid regurgitation, dilated hypokinetic right ventricle, and compression of the left cavities by the right cavities.

Panel C. Magnetic resonance imaging: a highly enlarged right atrium with a volume measured at 700 mL.