


Clinical vignette

An unusual cause of left atrial mass

Shih-Hsien Sung1,2, Shou-Dong Lee1,2, and Hao-Min Cheng1,2*

1Department of Internal Medicine, Taipei Veterans General Hospital, No. 201, Section 2, Shi-Pai Road, Taipei, Taiwan and 2School of Medicine, National Yang-Ming University, Taipei, Taiwan

* Corresponding author. Tel: +886 2 2871 2121, ext. 7511; fax: +886 2 2875 3580. E-mail address: hmcheng@vghtpe.gov.tw

A 47-year-old woman was hospitalized for the evaluation of non-exertional left chest pain and left upper arm weakness for 1 year. Chest film taken before admission revealed an apparently normal-sized heart (Panel A). A mass was uncovered unexpectedly by transoesophageal echocardiography (Panels B and C, arrows).

Then the patient received open heart surgery during admission. A foreign body, a bamboo chopstick, was noticed after the chest wall was opened (Panel D). An intraparenchymal fistula was created by the foreign body with adhesion to apical lung and left hilum just above the superior pulmonary vein. The foreign body also penetrated into the pericardium over the auricle of the left atrium. The foreign body was removed (Panel E) and fistulectomy was performed. The patient recovered uneventfully. Pathology of the excised left atrial mass demonstrated fibrocalcified nodule (Panel F), suggesting chronic tissue reaction to the foreign body. Re-examining the chest film, a band-shaped mass over the left lung field was noted (Panel A, arrow). Tracing back her history, the patient recalled a fight when she was heavily drunk 10 years before and the chopstick was probably jabbed into her left upper back at that time.