


### CLINICAL VIGNETTE

**Giant left atrium**

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A 61-year-old woman presented to our department with symptoms of chest distress and shortness of breath that had worsened in the previous 3 months. She had a history of rheumatic heart disease. A chest x-ray revealed a gross enlargement of the cardiac silhouette. An echocardiogram showed a massive dilated left atrium (LA) (16.3 × 13.0 × 8.2 cm) and a thrombus (1.9 × 2.9 cm) in the apical half of left atrium. The mitral valve was moderate-to-severe insufficiency and stenosis. A cardiac MRI was performed and showed a giant LA and compression of the left ventricle (LV), right ventricle (RV), and right atrium (RA) against the anterior chest wall. She refused surgery, so digoxin, frusemide, and warfarin were given. Giant LA is defined as that measuring >8 cm or touching the right lateral side of chest wall and has been described almost exclusively in rheumatic mitral valve disease. It may be misdiagnosed to a mass lesion or pleural effusion. Pneumocystis and biopsy are dangerous and would better be alert before echocardiogram, cardiac MRI, or CT is performed.

Panels A and B. Chest X-ray demonstrates the gross enlargement of the cardiac silhouette.

Panel C. Echocardiogram shows the massive dilated left atrium (LA).

Panel D. Echocardiogram shows the thrombus in the left atrium (LA).

Panel E. Cardiac MRI shows the giant left atrium (LA) and compression of the left ventricle (LV), right ventricle (RV), and right atrium (RA).