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In January 2010, a 65-year-old woman was admitted because of recurrent syncope. Cardiac history revealed percutaneous transvenous mitral valvuloplasty for rheumatic mitral valve stenosis in 1991 and valve replacement (St Jude Medical mechanical valve) in May 2007. After syncope and echocardiographic detection of a mass compressing the right atrium (RA), thoracoscopic exploration led to the resection of a textiloma (retained gauze) in January 2008. Two years later, she presented in our hospital because of frequent syncope. Meanwhile, she had been diagnosed with transient ischaemic attack and epilepsy. Echocardiography showed a structure of 62 by 48 mm compressing the RA (Panel A, arrow) causing turbulent flow from RA to right ventricle (RV). Differential diagnosis on magnetic resonance imaging was either haematoma, or corpus alienum (Panel B, arrow). Retrospectively, echocardiography in January 2008 visualized a mass of 27 by 9 mm nearby the RA. A computed tomography scan, in September 2008, showed the same mass measuring 53 by 36 mm (Panel C, arrow). We hypothesized that obstruction of blood flow from RA to RV caused low cardiac output resulting in global cerebral hypoperfusion followed by syncope. Redo sternotomy was performed. We found a compact and hard mass enclosing the inferior caval vein, the RA, and a part of the superior caval vein. After incision, pus and remnants of gauzes (textiloma or gossypiboma) were evacuated (Panel D). The patient has remained free of syncopeces for 1 month since this operation.

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