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The list of references is available in the online version of this paper.

An overripe peach in the left atrium
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A 75-year-old man was referred to our institute due to an abdominal pain. The physical examination and radiological investigations revealed multiple stones in the common bile duct with biliary dilatation and cardiac mass (Panel A). At first, the patient underwent endoscopic retrograde cholangiopancreatographic (ERCP) sphincterotomy, basketing, ballooning, and extraction of stones from the common bile duct. There was no history of cardiac diseases and he had apparently been in good health. Cardiac auscultation and chest X-ray were normal. 12-lead electrocardiography showed atrial fibrillation without a rapid ventricular response (Panel B). He became aware of cardiac arrhythmia for the first time in his life.

Transthoracic echocardiogram (TTE) was performed, which demonstrated a mass inside an enlarged left atrium and normal left ventricular systolic function without mitral stenosis but moderate-to-severe pulmonary hypertension with a right ventricular systolic pressure of 62 mmHg. Transesophageal echocardiogram showed a 7.4 × 7.3 cm diameter spherical left atrial mass, but no left atrial appendage thrombus (Panel C). The mass nearly filled the left atrial chamber, but pulmonary vein flows in the left atrium were intact. The patient had cardiac surgery performed for the removal of the intracardiac mass. In operative finding, we identified a dilated mitral valve annulus after mass extirpation and performed mitral annuloplasty by a semi-rigid ring. Pathological findings were consistent with an organized thrombus, rather than a myxoma (Panel D). The post-operative course was uneventful, and at 1-year follow-up, he has been taking oral anticoagulation and there is no mitral valve stenosis or regurgitation on TTE.

It is interesting to point out how such a large thrombus can arise from non-valvular atrial fibrillation without an episode of systemic embolization and obstruction of the mitral valve orifice.

We report a huge thrombus in the left atrium without valve obstruction that there was no history of a thrombo-embolic event and was discovered incidentally and successfully treated by surgery.

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