A Large Mass Occupying the Entire Left Atrium

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Picture 1.

Picture 2.

Picture 3.

Picture 4.

A 67-year-old man was admitted with sudden onset of right-sided hemiparesis as well as progressive shortness of breath. On admission, diffusion-weighted MRI showed multiple acute brain infarctions. When intracardiac sources of embolism were investigated, transthoracic echocardiography revealed a large, low-echoic and poorly mobile mass that occupied the entire left atrium (LA; Picture 1). Contrast-enhanced CT showed that the mass had occluded the right lower pulmonary vein (Picture 2) and revealed multiple

swollen lymph nodes in the neck and chest. A cervical lymph node biopsy led to a histopathological diagnosis of squamous cell carcinoma (Picture 3). Gadolinium-enhanced chest MRI demonstrated a gray area in the hilar region of the right lower lobe, indicating a vascular tumor (Picture 4,

yellow arrow), whereas most of the mass in the LA was black and consistent with a thrombus (Picture 4, red arrow). Additional upper gastrointestinal endoscopy detected no esophageal malignancies. These findings strongly suggested that the LA mass was a giant thrombus that developed secondary to the advanced hilar-type squamous cell carcinoma

in the lungs. Despite the administration of appropriate anti-coagulant therapy, repeat echocardiography confirmed the absence of changes in the size of the mass. The patient died 10 days after admission.

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