A 48-year-old man with a 3-month history of cough was involved in a motorcycle accident complicated by chest trauma and right ankle fracture. The CT scan of the chest revealed a left-sided pneumothorax, a left hilar mass, mediastinal adenopathy, and renal masses. The transbronchial biopsy showed a poorly differentiated adenocarcinoma. A follow-up CT scan revealed a rapidly progressing lung mass with obstruction of the entire left lung, and a thrombus versus mass in the left atrium. The 2D echocardiogram confirmed a 2.7-cm left atrial lesion. The transesophageal echocardiogram described a mass within the left atrium (LA), coming out of the pulmonary vein (Figure 1A). The appearance of the mass changed during systole and diastole (Figure 1A, 1B). This was consistent with an arm of the primary lung tumor extending into the left atrium and did not support the diagnosis of thrombus.1–3 The patient received one cycle of chemotherapy, but died shortly thereafter from progression of his lung cancer.

In this case, the transesophageal echocardiogram clarified the etiology of the left atrial mass and prevented unnecessary anticoagulation.

REFERENCES

FIGURE 1. Transesophageal echocardiogram images. (A) Image in systole showing a mass (short arrow) in left atrium (LA). The mass is coming out of the pulmonary vein (long arrow). (B) Image in diastole showing a change in the appearance of the mass (short arrow) during the cardiac cycle.