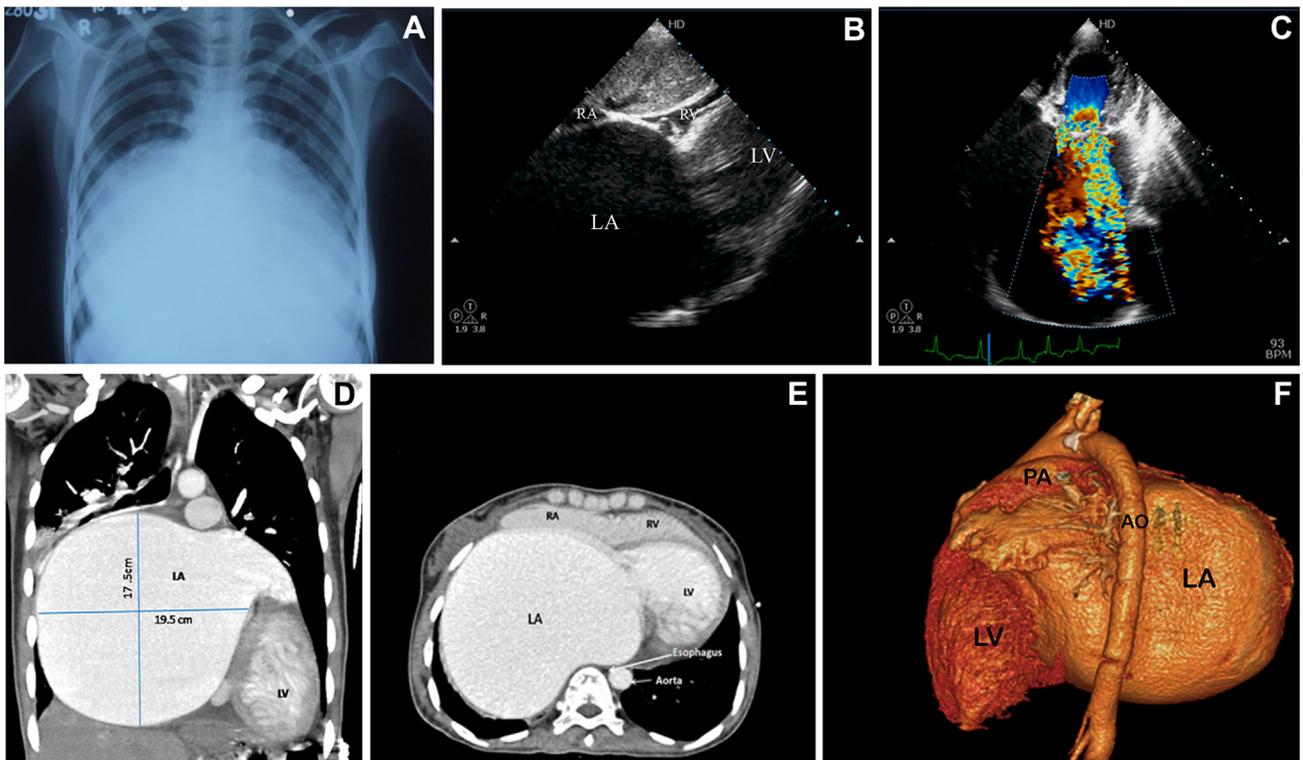


IMAGES IN CARDIOLOGY

Giant Left Atrium Due to Rheumatic Mitral Regurgitation

Sunil Kumar Srinivas, MD,* Prabhavathi Bhat, MD, DM,* Madhav Hegde, MD,†
Cholenahally Nanjappa Manjunath, MD, DM*
Bangalore, India



From the *Department of Cardiology, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Bangalore, Karnataka, India; and the †Department of Radiology, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Bangalore, Karnataka, India. Manuscript received January 25, 2013; accepted January 29, 2013.

A 38-year-old woman with a known history of rheumatic heart disease for 10 years presented with complaints of breathlessness, dysphagia, and hoarseness of voice for 6 months. On physical examination, she had an apical pansystolic murmur. An electrocardiogram showed atrial fibrillation. Chest radiography in the posteroanterior view revealed a massive cardiomegaly with a cardiothoracic ratio of 0.96 (A). Transthoracic echocardiography showed a hugely dilated left atrium (LA) with severe mitral regurgitation and mild mitral stenosis (B and C, [Online Video 1](#)). A computed tomographic scan of the chest showed a giant left atrium measuring 19.5 × 17.5 mm with compression of the right atrium (RA), right ventricle (RV), left ventricle (LV), and adjacent structures (D and E). Three-dimensional volume-rendered imaging showed a massive dilation of the left atrium occupying the entire mediastinum (F, [Online Video 2](#)). She underwent successful mitral valve replacement with left atrial reduction and Maze procedure. A giant left atrium has been almost exclusively described in rheumatic heart disease and is due to pancarditis with eccentric dilation, which can cause compression of adjacent structures. AO = aorta; PA = pulmonary artery.