

# Right Atrial Papillary Fibroelastoma

## Fibroelastoma Papilar no Átrio Direito

Irving Gabriel Araújo Bispo, Ricardo Volpatto, Fernando Hideki Assakawa, Diego Farias Costa, André Borges Paes Coelho, Vera Márcia Lopes Gimenes

Hospital do Coração, São Paulo, SP – Brazil.

Male asymptomatic 62-year-old patient underwent check-up tests. Transthoracic echocardiography showed right atrial mass; differential diagnosis of cavity thrombus and oral anticoagulation for 3 weeks. Subsequently, transesophageal echocardiography was requested and defined it as tumor mass. The patient was referred for cardiac surgery. On intraoperative transesophageal echocardiography, ventricular systolic function was

preserved, tricuspid valve with mild regurgitation and pedunculated mobile hyperechogenic image was seen in the right atrium, between the base of the tricuspid valve and the inferior vena cava, measuring 17 mm x 13 mm. Pathological examination revealed a lesion consisting of numerous digitiform projections lined with reactive endocardium, compatible with right atrial papillary fibroelastoma, an unusual site for this tumor.

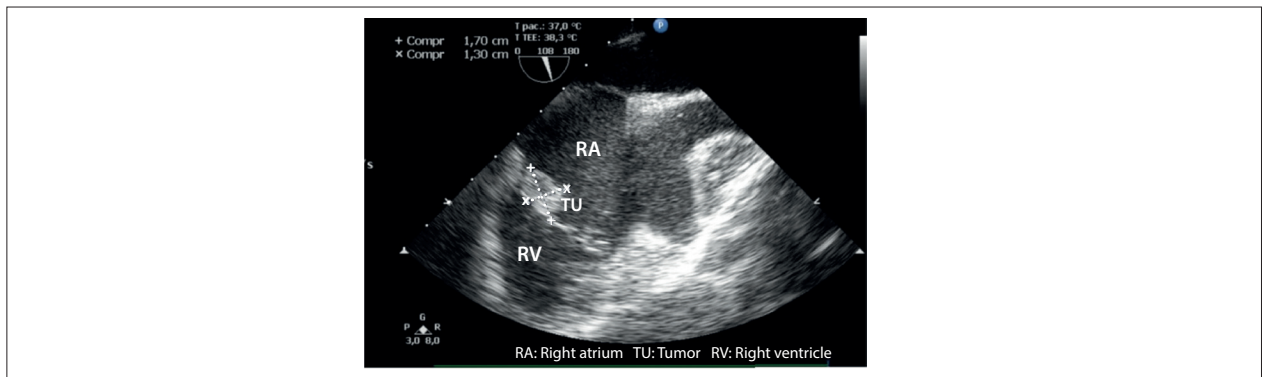


Figura 2 – Transesophageal echocardiography, modified bicaval mid-esophageal view, showing a tumor near the tricuspid valve. AD: right atrium RV: Right ventricle TU: Tumor.

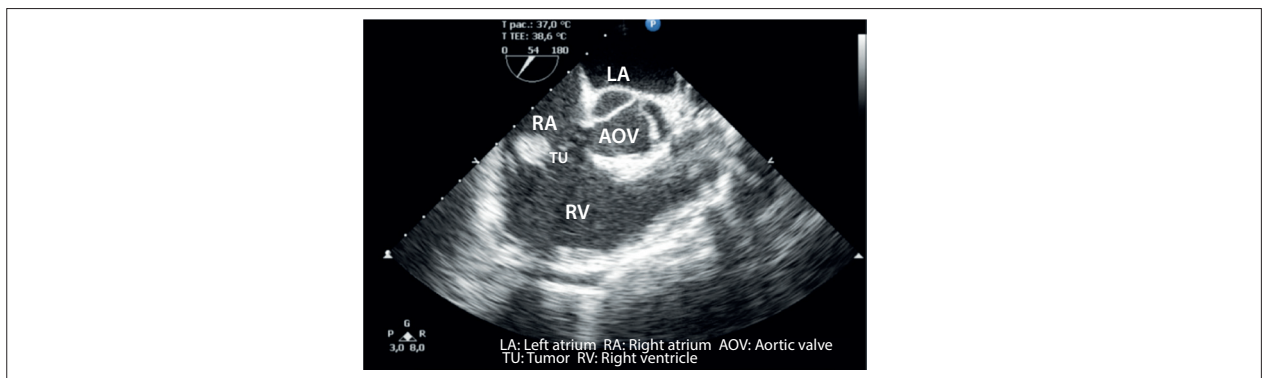


Figure 2 – Transesophageal echocardiography, mid-esophageal view, right ventricular inflow and outflow tract, demonstrating relationship between the tumor and the tricuspid valve. RA: right atrium LA: left atrium AOV: Aortic valve RA: Right ventricle TU: Tumor.

### Keywords

Heart Neoplasms; Echocardiography; Intraoperative Period.

#### Mailing Address: Irving Gabriel Araújo Bispo •

R. Des. Eliseu Guilherme, 147 - Paraíso, São Paulo - SP, CEP: 04004-030

E-mail: irvingbispo@yahoo.com.br

Manuscript received 5/7/2019; revised 5/28/2019; accepted 8/8/2019

DOI: 10.5935/2318-8219.20190054

### Authors' contribution

Research creation and design: Bispo IGA, Volpatto R. Data acquisition: Assakawa FH, Costa DF, Coelho ABP. Data analysis and interpretation: Coelho ABP, Gimenes VML. Statistical analysis: Bispo IGA. Manuscript writing: Bispo IGA, Gimenes VML. Critical revision of the manuscript for important intellectual content: Bispo IGA, Gimenes VML.