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A gigantic atrial septal aneurysm

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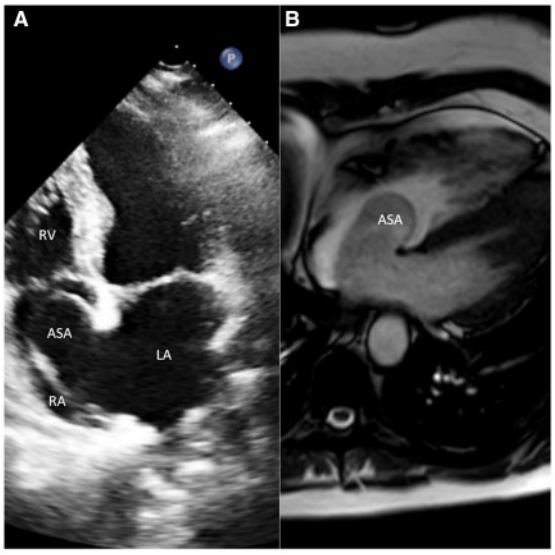
A 63-year-old woman with multiple sclerosis and hypercholesterolaemia presented to her general practitioner with palpitations. Ambulatory rhythm monitoring showed that symptoms were caused by premature ventricular beats. On the echocardiography report, however, a cyst-like structure in the right atrium (RA) was described, which was the reason to refer patient to our outpatient clinic. On clinical examination, there were no abnormalities and 12-lead electrocardiogram was normal. Due to suboptimal image quality and for additional echocardiographic images, the echocardiogram was repeated. *Panel A* and Supplementary material online, *Video S1* show a gigantic inter atrial septal aneurysm (ASA) on the four-chamber apical view, with bulging of the aneurysm into the RA. For better visualization of the aneurysm, search for the presence of thrombus in the ASA and to check for coexisting defects (atrial septal defect; patent foramen ovale), a Cardiac magnetic resonance imaging (CMR) was performed (*Panel B*; Supplementary material online, *Videos S2* and *S3*). Additional defects nor thrombus were visualized, but the CMR revealed that the aneurysm partially obstructed the right ventricular inflow tract. There was no specific treatment for this uncomplicated and isolated ASA. The patient is followed up by the cardiologist. *Image index:* ASA, atrial septal aneurysm; LA, left atrium; RA, right atrium; RV, right ventricle.



Supplementary material

Supplementary material is available at *European Heart Journal - Case Reports* online.

Consent: The author/s confirm that written consent for submission and publication of this case report including image(s) and associated text has been obtained from the patient in line with COPE guidance.

Conflict of interest: none declared.

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