

Utility of x-plane TEE imaging in giant right atrial myxoma

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To the Editor:

A right atrial mass was unexpectedly found in a 70-year-old man by screening computed tomography. We suspected a myxoma and scheduled him for excision of the mass under general anesthesia. After inducing anesthesia, a three-dimensional transesophageal echocardiography (3DTEE) probe (X7-2t; Philips) was inserted and we confirmed the presence of a 40 × 42 mm mass originating from the fossa ovalis with a pedicle in the right atrium. However, when we attempted to place a central venous catheter in the right internal jugular vein, the guide wire was not detected in the mid-esophageal bicaval (ME bicaval) view in two-dimensional mode. When we viewed the ME bicaval image and the orthogonal sectional image using the x-plane mode, we observed the J-shaped guide wire tip in the superior vena cava in the orthogonal sectional image (ESM Figure 1). The tip of the guide wire was kept as far away as possible from the mass to prevent fragmenting of it. The catheter was eventually placed

without causing complications due to its contact with the tumor. Myxomas are the most common primary cardiac tumors in adults. Giant right atrial myxomas, however, are very rare [1]. The x-plane mode, a special 3DTEE technique, allowed for simultaneous viewing of a standard sectional image and its orthogonal sectional image. In this case, under the guidance of TEE, especially the x-plane mode, insertion of the catheter into the superior vena cava was uneventful.

Compliance with ethical standards

Conflict of interest None.

Reference

1. Tagawa T, Okuda M, Sakuraba S. Anesthetic management of a patient with giant right atrial myxoma. *J Cardiothorac Vasc Anesth.* 2010;24(3):532–3.

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