Title: Unusual Association of Cardiac Anatomic Variants and Pitfalls with a Simultaneous Presence of a Coumadin Ridge and a Lipomatous Hypertrophy of the Interatrial Septum
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Case Presentation
An 89-year-old male was referred to the echo laboratory for further investigations of a 6-day history of high fever and wet cough. His past medical history was largely unremarkable and so was his cardiac physical examination. Electrocardiogram showed sinus rhythms with an incomplete right bundle branch bloc. He had a poor echogenic window in transthoracic echocardiography which revealed no significant valvular heart disease and no evidence of mobile echodense masses implanted in a valve or mural endocardium however it was suspicious for two echodense masses tributary to the lateral left atrial wall miming a thrombus, displayed and more individualized by two-chamber view thus evoking a Coumadin ridge localized in the junction of the left atrial appendage and the atrial insertion of the left upper pulmonary vein, typically looking like a cotton-tip applicator on this view. (A: mid-esophageal modified Four-chamber view in proto-diastole, transducer angle 0°; B: mid-esophageal modified Four-chamber view in mid-systole, transducer angle 0°; C-E: different views of mid-esophageal bicommissural view, transducer angle between 55° and 70°; F: mid-esophageal two-chamber view, transducer angle 98°).

Figure 1: Two-dimensional transesophageal echocardiography revealing: A-B: Lipomatosis interatrial septum (white arrows) with a spared fossa ovalis (Grey arrows); C-F: Prominent echodense structure (white arrows) adhering to lateral left atrial wall miming a thrombus, displayed and more individualized by two-chamber view thus evoking a Coumadin ridge localized in the junction of the left atrial appendage and the atrial insertion of the left upper pulmonary vein, typically looking like a cotton-tip applicator on this view. (A: mid-esophageal modified Four-chamber view in proto-diastole, transducer angle 0°; B: mid-esophageal modified Four-chamber view in mid-systole, transducer angle 0°; C-E: different views of mid-esophageal bicommissural view, transducer angle between 55° and 70°; F: mid-esophageal two-chamber view, transducer angle 98°).

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