Atrial Mass in Sickle Cell Patient

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This is a complex case of a 32 year-old African American male with multiple health problems including sickle cell disease who was admitted for dyspnea due to a pulmonary embolus in the right pulmonary artery. Other health issues were obesity, diabetes mellitus, hypertension, and multiple complications from sickle cell disease ranging from avascular necrosis of his hip and shoulder to multiple episodes of acute chest syndrome. Transesophageal echocardiographic examination on admission showed a 3.3cm x 1.6cm mobile density on the posterior wall of the right atrium that appeared to be a myxoma. The patient was taken to the operating room for excision of this mass and right pulmonary artery thrombectomy. The case, which involved median sternotomy and cardiopulmonary bypass without cooling or arrest proceeded uneventfully, however, his immediate post-operative period was complicated by pericardial effusion that required a pericardial window. Similarly, pathology later identified the atrial lesion as an organized mural thrombus. In this poster, we will discuss the case management as well as the pathology involved.