Terminal crest was misdiagnosed as right atrium occupancy

Bailang Chen¹ and Zhibin Lan¹

¹Affiliation not available

July 7, 2020

Abstract

A patient was admitted to the hospital due to chest tightness and shortness of breath. B-ultrasound revealed a space-occupying lesion in the right atrium. After reviewing the patient's previous data, this space-occupying space was considered to be a normal atrial structure—terminal crest.

A 62-year-old woman presented to the department of Cardiology of our hospital due to chest tightness and shortness of breath. A subsequent transthoracic enchicardiogram revealed a strong echogenic mass in the right atrium (Figure 1). Patient has no risk factors for thrombosis. Re-examination of ultrasound revealed no change in strong echogenic mass. The patient's previous examination results also showed this protrusion. After careful comparison, We consider the possibility that this structure is a terminal crest. The terminal crest is a normal anatomical structure in the right atrium. This structure generally does not affect the patient's quality of life and has no clinical symptoms. Very few people can see different sizes of protrusions on the top of the right atrium. Inexperienced doctors are often misdiagnosed as atrial space-occupying lesions. We can use esophageal ultrasound or ultrasound contrast examination to further identify.

Figure 1. A strong echo protrusion can be seen on the top of the right atrium(arrow).

