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# Giant Left Atrium and Atrial Fibrillation in Rheumatic Heart Disease Patient with Normally Functioning Mitral Valve Prosthesis

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**Background** 

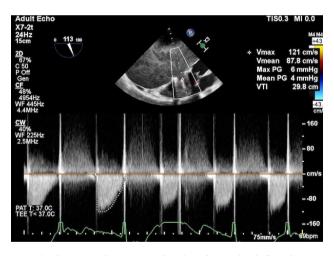
Giant left atrium (GLA) is a rare condition with a reported incidence of 0.3% and mostly associated with rheumatic mitral valve disease [1]. We describe a case of massive giant left atrium associated with atrial fibrillation in female patient with rheumatic heart disease and normally functioning mitral valve prosthesis.

**Case Report** 

A middle aged female patient with history of mitral valve replacement few years back at another insti-tute presented to cardiology clinic with atrial fibrillation and dyspnea on exertion NYHA class II. She underwent echocardiography which revealed giant left atrium with spontaneous echo contrast and with normally functioning mitral valve prosthesis (Figure 1, supplementary Figure 1). 128 dual source computed tomography was performed which revealed grossly dilated left atrium (anteroposterior di-ameter 14.3mm) with normally functioning prosthetic mitral valve (Figure 2). There was no evi-dence of neighbouring structures compression.



**Figure 1:** Gaint left atrium with normally functioning mitral valve prosthesis



**Figure 2:** Computed tomography showing gaint left atrium (RA: Right atrium; RV: right ventricle; LA: left atrium)

Giant left atria are defined as those measuring larger than 8 cm on echocardiographyor as a cardio-thoracic ratio on chest X-ray of >0.7 [1,2]. GLA is associated with atrial fibrillation, thromboembo-lism. GLA may compress on adjacent structures like oesophagus, pulmonary veins, trachea, left main bronchus, middle and lower lobes of the right lung, inferior vena cava, recurrent laryngeal nerve, and thoracic vertebrae, leading to dysphagia respiratory dysfunction, peripheral edema, hoarse voice, or back pain [1]. In view of normal function of mitral valve prosthesis she was managed conservatively. Meticulous anticoagulation was advised to prevent cerebrovascular accident.

#### Conclusion

Gaint left atrium associated with normal prosthetic mitral valve function is exceeding rare and com-puter tomography

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is useful for nearby structures compression. Associated atrial fibrillation and spon-taneous echo contrast requires meticulous anticoagulation for stroke prevention.

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