The value of echocardiography in atrial fibrillation

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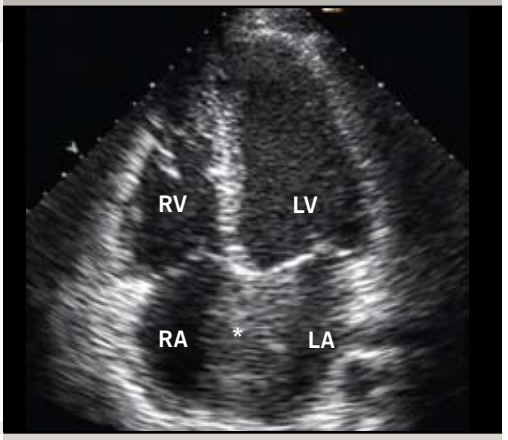
Figure 1. Electrocardiogram (ECG) showing new-onset atrial fibrillation

A 29-year-old man was admitted with new onset atrial fibrillation (**figure 1**). One year previously he had been treated with six cycles of chemotherapy for aplastic large cell lymphoma. He had a pyrexia (38.5°C), elevated C-reactive protein (14.6 mg/L) and low haemoglobin (10.8 g/dL). As part of a screen for infection, echocardiography was performed to exclude endocarditis (**figure 2**), but revealed a large intra-atrial mass. Cardiac magnetic resonance imaging (MRI) (**figure 3**) appearance was consistent with a lymphoma tumour. Fine-needle aspiration of an enlarged supra-clavicular node showed evidence of relapsed lymphoma. Further treatment with chemotherapy resulted in complete resolution (**figure 4**) of the intra-atrial mass, of his symptoms, and in restoration of sinus rhythm

Conflict of interest

None declared.

Figure 2. Echocardiography showing large intra-atrial mass



Key: LA = left atrium; LV = left ventricle; RA = right atrium; RV = right ventricle; * = intra-atrial lymphoma

Figure 3. Cardiac magnetic resonance image (MRI) consistent with a lymphoma tumour

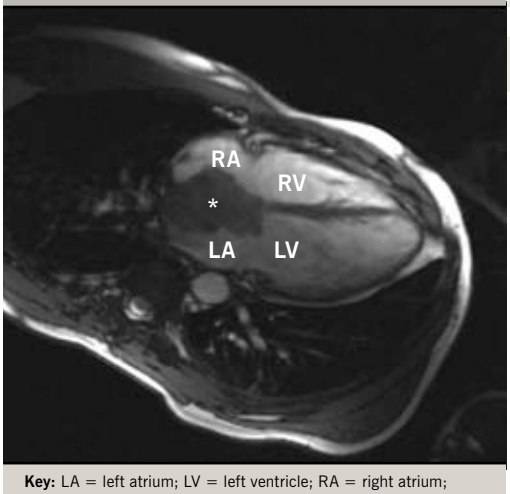


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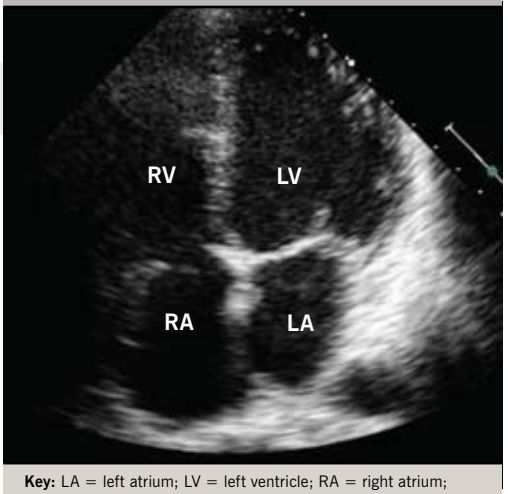
Figure 4. Echocardiograph demonstrating full resolution of the intra-atrial mass



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