fund—other approaches are being preferred, and that projects are dominated by single professions.

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CLINICAL SNAPSHOT

A Right Atrial Mass in a Woman With Newly Diagnosed Breast Cancer

Figure. Transesophageal echocardiography reveals an inhomogeneous structure measuring 39 × 23 mm attached to the lateral wall of the right atrium below the ostium of the inferior vena cava. a) white circle: port system; b) arrow: intracardiac mass; LA, left atrium; IVC, inferior vena cava; SVC superior vena cava; RA, right atrium; AV, aortic valve; RV, right ventricle; star, tricuspid valve.

The patient, a 66-year-old woman, underwent routine cardiological assessment before chemotherapy for newly diagnosed breast cancer and was found to have a mass in the right atrium. She was entirely asymptomatic. A port had been implanted two weeks earlier. Transesophageal echocardiography (*Figures a and b*) and cardiac MRI and CT scans revealed a mass, 39 × 23 mm in size, on the lateral wall of the right atrium below the ostium of the inferior vena cava. Contact to the tricuspid valve and the port system could not be excluded. A number of possible diagnoses were considered, including a thrombus associated with the port system, a primary tumor, and a metastasis; each of these would have called for a different clinical management. Surgical resection was recommended as the next step by interdisciplinary consensus. Histological examination revealed an atrial myxoma with regressive changes.

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