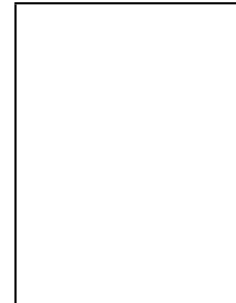


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Left atrial appendage aneurysm: An unexpected finding in a patient with asymptomatic atrial fibrillation

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Left atrial appendage aneurysm: An unexpected finding in a patient with asymptomatic atrial fibrillation

**ANEURISMA DO APÊNDICE AURICULAR ESQUERDO: UM ACHADO
INESPERADO NUM DOENTE COM FIBRILHAÇÃO AURICULAR
ASSIMPTOMÁTICA**

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Our case was a 48-year-old woman with no prior medical history referred due to asymptomatic atrial fibrillation (AF) of several years in duration. A baseline electrocardiogram showed a controlled heart rate without medication and no other abnormalities.

A transthoracic echocardiogram revealed a large saccular structure communicating with the left atrium, with Doppler flow inside it (Figure 1 and supplementary videos 1 & 2), but no other abnormalities were identified. Further evaluation with computed tomography confirmed the presence of a left atrial appendage aneurysm (8 x 5 cm) with no thrombus inside and normal coronary arteries (Figure 2).

Electrical cardioversion was unsuccessful, leading to the abandonment of a rhythm-control strategy. In agreement with the patient and given the absence of symptoms or signs of compression of adjacent structures, a conservative management approach was chosen. Oral anticoagulation with dabigatran was prescribed due to the medium-to-long-term thromboembolic risk.

This case highlights the importance of ruling out structural abnormalities in young patients with persistent AF. Left atrial appendage aneurysm is a rare finding, predominantly reported as an asymptomatic condition in women in their 30s and 40s(1). It may be congenital, 90% due to pectinate muscle dysplasia, or acquired, resulting from herniation through a pericardial defect or increased atrial pressures due to mitral valve disease(2).

The differential diagnosis includes entities such as coronary fistula or a pericardial cyst, and multimodal imaging is crucial for accurate management. Treatment for symptomatic cases is typically surgical; however, no studies are available comparing surgery versus conservative management with anticoagulation in asymptomatic patients(3).

ETHICAL RESPONSIBILITIES

This work has been conducted in compliance with international ethical guidelines (Helsinki Declaration).

INFORMED CONSENT

The authors confirm that written informed consent was obtained.

ARTIFICIAL INTELLIGENCE

No artificial intelligence technologies were used in the preparation of this work.

FUNDING

This work has not received any funding (neither public nor private).

AUTHOR CONTRIBUTIONS

All authors participated in the preparation and drafting of the manuscript and approved its content.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to the content of this work.

Ethics in publishing

1. Does your research involve experimentation on animals?:

No

2. Does your study include human subjects?:

No

3. Does your study include a clinical trial?:

No

4. Are all data shown in the figures and tables also shown in the text of the Results section and discussed in the Conclusions?:

Yes

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Figure 1

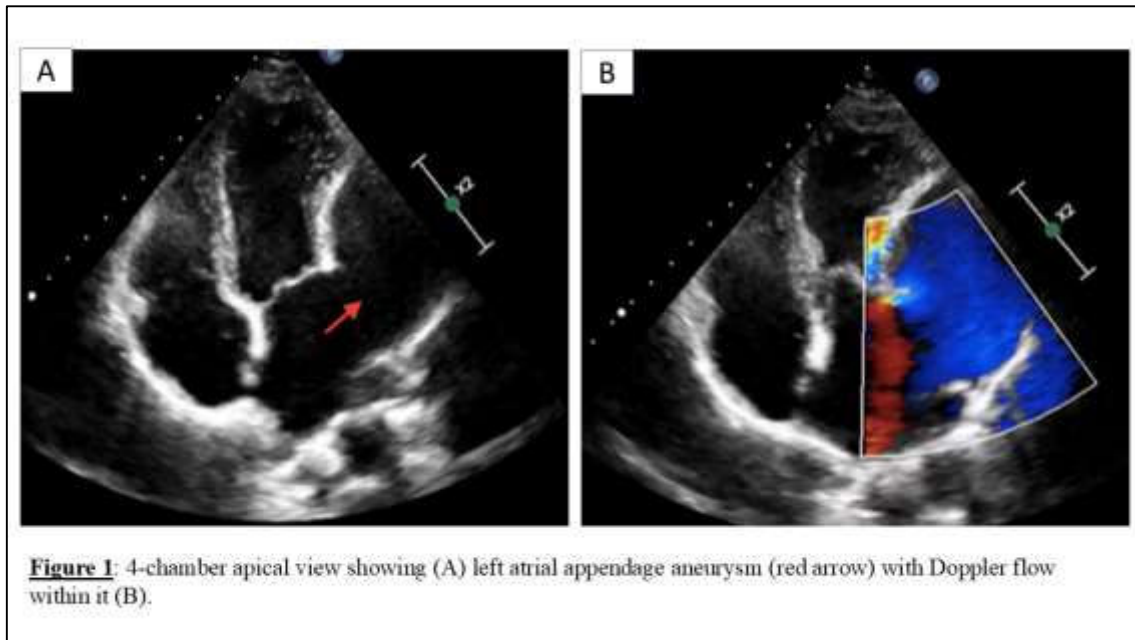


Figure 2

