

# A Rare Case of Right Atrial Appendage Mass in Patient with Recurrent Methicillin-Resistant Staphylococcus Aureus Bacteremia

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## Background

The literature discussing right atrial appendage thrombi is limited. While left atrial appendage thrombi are well documented, particularly in atrial fibrillation, they appear to be quite uncommon in the right atrial appendage. Much of the literature discussing right atrial appendage masses are thrombi in the setting of atrial fibrillation.

## Decision-making

The patient was placed on full dose anticoagulation and discharged on Apixaban with advice to follow-up outpatient with cardiology. The mass was determined to likely be a thrombus. While inpatient she was treated with Daptomycin IV and Rifampin. On discharge she was continued on Daptomycin IV for a total of 6 weeks. She was advised to follow-up in cardiology clinic as well as undergo repeat transesophageal echocardiogram in 3 months.

## References

1. Benjamin MM, Afzal A, Chamogeorgakis T, Feghali GA. Right atrial thrombus and its causes, complications, and therapy. *Proc (Bayl Univ Med Cent)*. 2017;30(1):54-56. doi:10.1080/08998280.2017.11929526

## Case Study

A 67-year-old female with a history of end stage renal disease, hypertension, diabetes mellitus type 2 and coronary artery disease requiring CABG was admitted to the hospital with MRSA bacteremia. There was also evidence of T12-L1 discitis\osteomyelitis diagnosed over 6 months ago. She also had several recent hospitalizations for MRSA bacteremia over the last 7 months. Transesophageal echocardiogram revealed a mass along the posterolateral border of the right atrium. Subsequent CT chest with contrast confirmed the presence of eccentric hypodensity measuring up to 1.1cm in thickness likely representing a thrombus/vegetation. During the admission she had episodes of nonsustained asymptomatic supraventricular tachycardias and ventricular tachycardias; however, no episodes of atrial fibrillation.

## Discussion

The pathophysiologic mechanism for the presence of the thrombi in this patient's right atrial appendage is unknown. It is possible that the recurrent bacteremia played a role in the pathogenesis. It is also possible that the specific anatomic morphology of her atrial chamber impacted the fluid dynamics [1]. Further evaluation is needed to identify the factors that may predispose patients to right atrial appendage thrombus. This case presents an unlikely phenomenon.

## Disclosures

No financial disclosures