

## INTRODUCTION

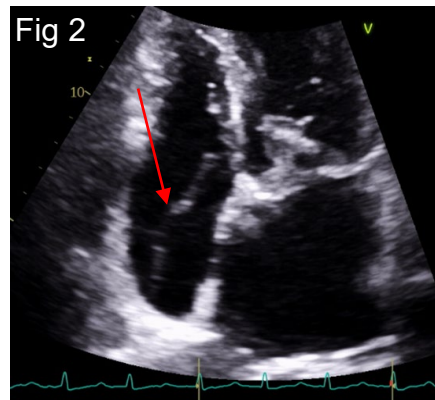
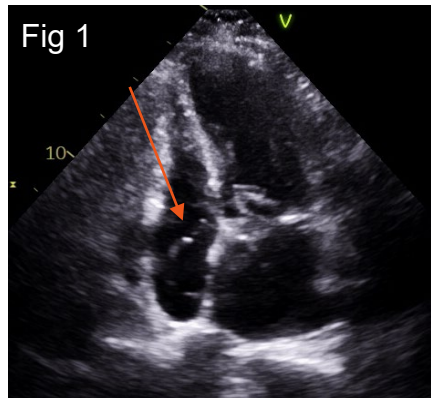
Chiari's network (CN) is a rare embryologic remnant that found at the junction of the right atrium (RA) and both venae cavae (1). Its prevalence is around 2% (2). We report a case where found to have CN on transthoracic echocardiogram (TTE).

## CASE PRESENTATION

A 77-year-old male with history of atrial fibrillation, Hypertension and gout who presented with recurrent syncopal attacks which is associated with loss of bladder and bowel control. No seizure or post ictal confusion was reported. His home medications include apixaban, diltiazem and metoprolol tartrate. Vital signs and physical exam were only remarkable for irregularly irregular rhythm. Lab testing did not show significant abnormalities. Neurological work up was unremarkable. EKG and telemetry showed atrial fibrillation with controlled rate. TTE is revealed normal left and right ventricular function and size, no significant valve abnormalities. However, A mobile thread like structure in the right atrium was noticed (red arrows in figures 1 &2). He was discharged with heart monitoring and close follow up.

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## Figures and Imaging



## DISCUSSION

CN may act as a nidus for thrombosis, trapping emboli, or mimicking RA thrombus (1,2). CN was found be associated with PFO and/or congenital atrial septal aneurysm which increases the risk of paradoxical embolism (3). CN has been linked to cardiac flow blockages, heart murmurs, or mimicking vegetations and cardiac tumors (2,4). There have been papers suggesting a link between Chiari's network and supraventricular arrhythmias (5). It has also been recorded that CN can lead to catheter entrapment, needing further tool manipulation or surgical removal (6).

## CONCLUSION

Although, CN could be an incidental finding but it may be related to some clinical implications that physician should be aware of.

## References

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