

## Medical Image of the Week: VA Shunt Remnant Fibrosing into Right Atrium



Figure 1. Transthoracic echocardiography demonstrating tubular echo density in the right atrium (arrow).

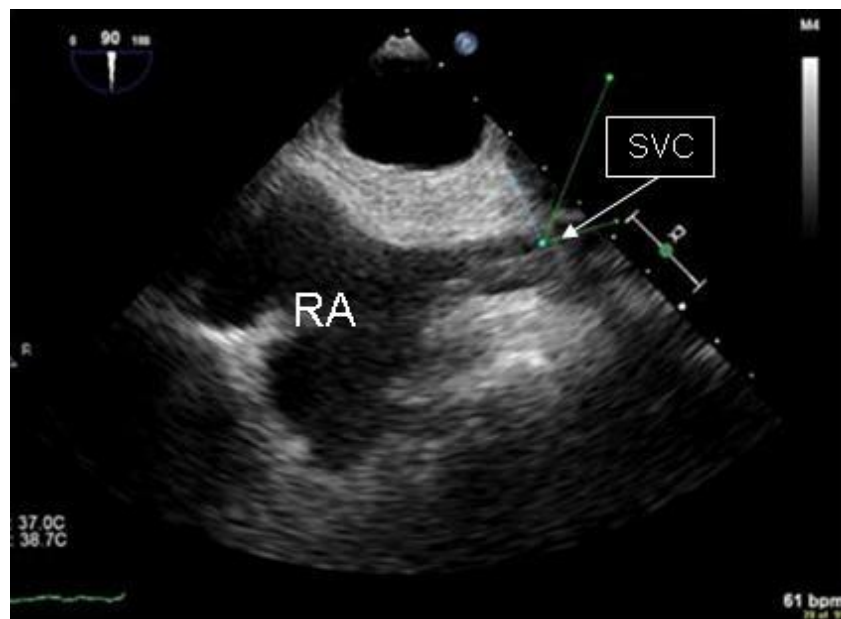


Figure 2. Transesophageal echocardiography demonstrating the VA shunt remnant fibrosed (vs. calcified) in SVC (arrow) extending into right atrium (RA).

A 71-year-old man with a history of ventriculo-atrial (VA) shunt, removed in 2004 due to infection, was admitted to the hospital complaining of syncopal symptoms for one day's duration. On presentation he denied any symptoms of syncope or focal weakness. The patient was placed on telemetry monitoring, and overnight observation demonstrated multiple sinus pauses with frequent episodes of premature atrial contractions. Stat transthoracic echocardiography (TTE) on the night of admission demonstrated a right tubular echodensity in the right atrium crossing the tricuspid valve (Figure 1). Follow up transesophageal echocardiography (TEE) redemonstrated evidence of a tubular structure in the SVC extending into the right atrium with evidence of fibrosis (?calcification)(Figure 2). These studies demonstrate the importance of echocardiographical work up in any patient with risk of retained foreign body even after reported removal (1).

Richard Young, MD; Joshua Sifuentes, MD; Joao Paulo Ferreira, MD  
Department of Internal Medicine  
Banner University Medical Center  
University of Arizona  
Tucson, Arizona USA

### ***Reference***

Choi CH, Elahi MM, Konda S. Iatrogenic retained foreign body in the right atrium. Lessons to Learn. Int J Surg Case Rep. 2013;4(11):985-7. [\[CrossRef\]](#) [\[PubMed\]](#)