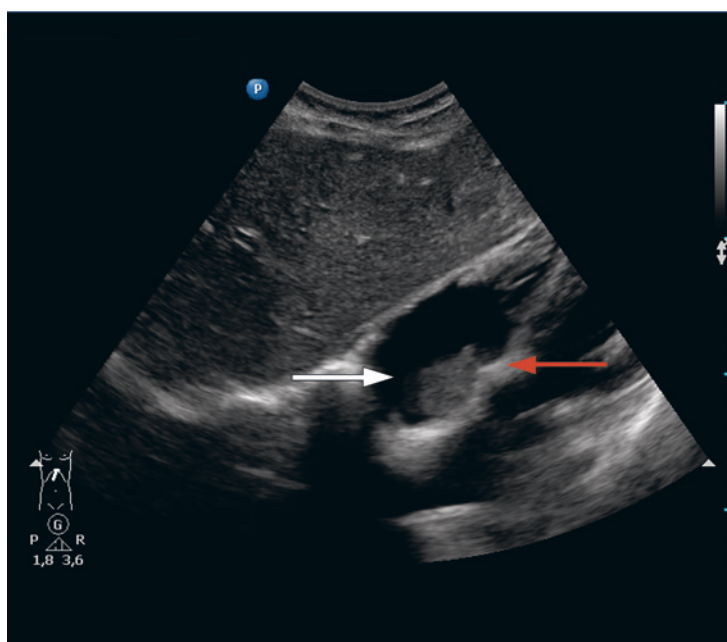


Gurgling in the chest



A woman in her fifties contacted her GP because in the previous three months she had experienced short bouts of irregular heartbeat, strong pulse and a feeling of «gurgling in the chest». She noticed this when she changed her position, but not in connection with physical activity.

There were normal auscultatory findings for the heart and lungs, and the pulse, blood pressure, oxygen saturation and ECG were also normal. Since the GP had ultrasound equipment, he carried out an examination using an abdominal probe to obtain a subcostal view. He then found a tumour measuring 2 × 3 cm in the right atrium. It gave off a moderately strong echo (white arrow) and was attached to the septum (red arrow). The GP got in touch with a cardiologist at the local hospital to ask whether this could be a thrombus or a myxoma. The cardiologist examined the patient the same day, and the presence of a tumour was confirmed using echocardiography and later MR cor, leading to a suspicion of myxoma or sarcoma. The patient was operated at the university hospital a month later, and the diagnosis of myxoma was histologically confirmed.

Myxoma is a rare and usually benign tumour. When located in the right atrium, the symptoms – such as weight loss, fever,

anaemia and arthralgia – may be unspecific prior to the occurrence of more serious complications such as pulmonary embolism or cardiac arrest (1). The case history may have aroused the GP's suspicion of the presence of a condition requiring treatment, but it is unlikely that the patient would have been diagnosed so quickly if the GP had not had access to ultrasound equipment and the skills to use it. The use of ultrasound equipment in first-line care demands that the examining doctor has sufficient knowledge of the method and of how negative or positive findings should be used in patient follow-up.

The patient has consented to the publication of the article.

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