Eleven years after heart transplant (HT) with classical atrial anastomosis, the echocardiogram of a 65-year-old asymptomatic patient in sinus rhythm showed a huge left atrial mass, suggestive of thrombus at MRI (Fig. 1). Four months earlier the routine echocardiogram was considered normal. Eighteen months after the surgery (Fig. 2) and under oral anticoagulants there was no recurrence.

HT with caval anastomosis and almost complete excision of left atrium used since 1992 avoids this complication.

Fig. 1. (A) Long axis view; (B) axial view. Thoracic MRI (T1-weighted sequence) shows a 75 mm × 60 mm × 40 mm thrombus in the large left atrium—RV indicates a right ventricle; LV, left ventricle.

Fig. 2. Perioperative view: extracted thrombus.