available and affordable. Cardiologists in academic settings can advocate with medical schools and training programmes to teach tobacco treatment methods to the next generation of physicians. Finally, in their communities, cardiologists can support the adoption of comprehensive tobacco control public policies that are proved to reduce tobacco use.93

Conflict of interest: C.C. does not report any conflict of interest.

N.A.R. reported having consulted without pay about smoking cessation for Pfizer and Allere Wellbeing, Inc. and having conducted research projects sponsored by Pfizer.

References
The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

An unusual cause of intracardiac mass in a heart transplant patient

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A 50-year-old woman was admitted for suspected infective endocarditis. She was diagnosed with severe symptomatic restrictive cardiomyopathy 1 year ago. Uneventful orthotopic heart transplantation was performed 1 month before admission. She underwent normal transthoracic echocardiography (TTE) before discharge. Forty-eight hours later, a new TTE was performed and displayed a large echo dense mass attached to the anterior commissure of the mitral valve without valve regurgitation (Panels 1A and B; Supplementary material online, Videos S1 and S2). Aortic and tricuspid valves were normal. Transoesophageal echocardiographic (TOE) features of the mass suggested two diagnoses: mitral endocarditis with a mobile vegetation and intracardiac thrombus attached to the left atrial appendage (LAA), both carrying a highly embolic risk (Supplementary material online, Videos S3 and S4). Patient underwent urgent redo cardiac surgery. Operative findings displayed neither mitral vegetation nor cardiac thrombosis. The thumb-like mass was in fact a misdiagnosed invagination of the LAA corrected by digital eversion (C). Surgical management consisted of an LAA occlusion. Post-operative course was simple. The patient is doing well at 3-month follow-up. Inverted LAA has been seldom described in the setting of open-heart surgery or during the MitraClip procedure. We describe herein a rare case of misdiagnosed and spontaneous invaginated LAA following heart transplantation.

Supplementary Material is available at European Heart Journal online.

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