A 59-year-old woman suffered sudden left hemiparesis that resolved after several hours. She had a history of hypertension and atrial septal defect repair at the age of 29 but had no history of arrhythmia or other heart disease. Physical examination and blood work were unremarkable and electrocardiogram showed normal sinus rhythm. Work-up included transoesophageal echocardiography (TEE) which revealed an intact atrial septum and a 1.5 × 1 cm mobile left atrial appendage (LAA) mass. Head computed tomography, brain magnetic resonance imaging/magnetic resonance angiography, and carotid duplex were normal. The patient was treated with anticoagulation for 1 month and referred to our laboratory for follow-up.

TEE this time was unchanged; it showed a mobile, round mass attached by a pedicle to the os of the LAA. Based on the morphological characteristics, which included a round shape, the presence of pedicle, and no suggestion of LAA blood stagnation, it was decided that despite its location, the mass was unlikely thrombus (Figure 1A; see Supplementary material online, Video S1).

The patient underwent excision of the left atrial mass with ligation of the atrial appendage. Pathological examination was consistent with papillary fibroelastoma (Figure 1B).

Supplementary data are available at European Journal of Echocardiography online.