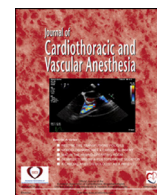


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Letter to the Editor

A Worm in the Heart: One of a Kind!*To the Editor:*

The presence of artifacts during transesophageal echocardiography (TEE) is well-described. The patient was a 21-year-old woman who had previously undergone tetralogy of Fallot repair as an infant and now presented for pulmonic valve replacement due to severe pulmonic regurgitation. She

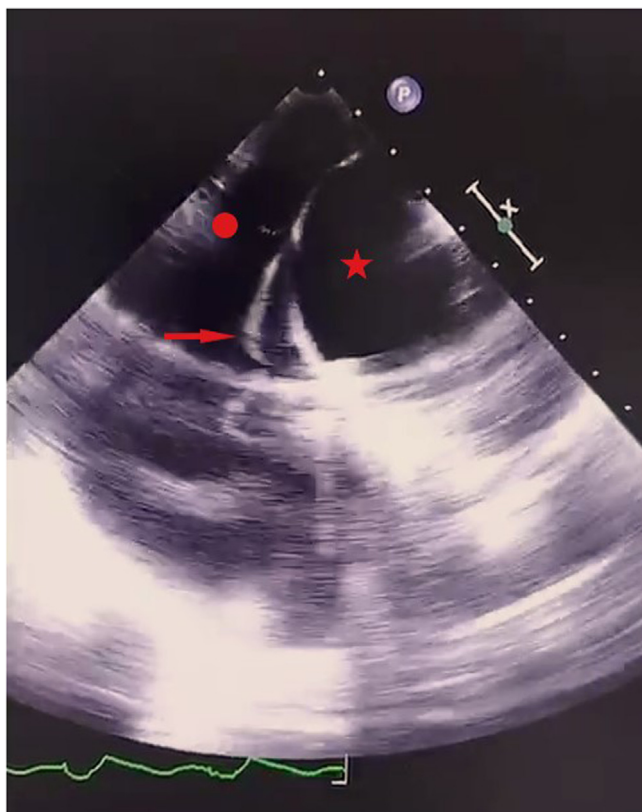


Fig 1. Midesophageal 4-chamber view with transesophageal probe rotated towards the right side showing a worm-like structure (*red arrow*) attached to the right atrium (*red star*). The pleural effusion is indicated by a *red circle*.

reported a chronic history of recurrent right pleural effusion that required intermittent drainage. Intraoperative TEE showed a slender, writhing structure lateral to the right atrium, which was attached to it at one point (*Fig 1*; *Video 1*). The structure was floating outside the right atrium and showed unique mobility that disappeared after the right pleural cavity was opened. During surgery, the structure was identified as a broken loculated membrane in a pleural effusion. Though TEE detection and quantification of pleural effusion are well-established, the current presentation was highly unusual.^{1,2}

Conflict of Interest

None.

Supplementary materials

Supplementary material associated with this article can be found in the online version at [doi:10.1053/j.jcva.2022.12.015](https://doi.org/10.1053/j.jcva.2022.12.015).

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