

Acute Respiratory Failure, Respiratory Infection, Interatrial Septum Mass, Pericardial Effusion in Female Patient Aged 65

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Submitted : 6 Apr 2025 ; Published : 26 Apr 2025

Citation: Efstathios Koutsostathis(2025). Acute Respiratory Failure, Respiratory Infection, Interatrial Septum Mass, Pericardial Effusion in Female Patient Aged 65. *J Medical Case Repo* 7(2):1-1. DOI : <https://doi.org/10.47485/2767-5416.1112>

Introduction

Aim

An interesting case is described involving a female patient aged 65 who was intubated due to type 2 ARF, when an interatrial septum mass was diagnosed for the first time.

Case Presentation

A patient aged 65 was intubated due to type 2 ARF. During patient assessment at the Emergency Department, atrial flutter was detected, and a pericardial effusion was revealed upon a chest/abdominal CT scan.

She was admitted to the Stroke Unit and pericardiocentesis was performed which revealed exudative fluid. The cultures for common and b-Koch bacteria were negative. The cytology examination of the pericardial fluid was negative for malignancy. She underwent intraesophageal echocardiography, which revealed a large interatrial septum mass, protruding to the right atrium with peripheral vascularization, measuring 3.6x3.9 cm. A sample was taken from the cardiac mass for biopsy, which revealed myocardial tissue without indication of malignancy, or presence of granulomas or inflammation. She became febrile in the context of the respiratory infection with isolation

of *Pseudomonas aeruginosa* in the bronchial secretions and could not be taken off mechanical breathing support after repeated attempts. She received antimicrobial treatment with colomycin and meropenem for the respiratory infection due to *Pseudomonas aeruginosa*. After successful weaning the patient developed tremor, especially in the left upper limb. She was assessed by a neurologist and a psychiatrist, and it was considered early dyskinesia. The antipsychotic treatment was re-evaluated, and levodopa was added to resolve the symptoms.

Conclusions

The most common cardiac tumor is myxoma. It usually develops in the left atrium. Massive fatty infiltration of the atrial septum is a common condition that develops almost exclusively in people over 60 and usually those over 65. These lesions are limited to obese individuals and are accompanied by large quantities of fatty tissue in the atrioventricular groove.

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