A 66-year-old woman was admitted for heart failure. The patient complained of exertional dyspnea that had worsened over the past 3 months. Transthoracic echocardiography showed a turbulent blood flow to the right ventricle and a mild tricuspid regurgitation, caused by an almost transparent mass in the right atrium. A peduncle through which the mass was attached to the middle part of the interatrial septum was more visible. Transesophageal echocardiography confirmed the presence of a weakly echogenic tumor measuring 4.5 × 5.7 cm. The tumor was protruding into the tricuspid outlet, but the interatrial septum was not disrupted and no thrombi were seen in the left chambers of the heart (Fig 1).

The patient underwent surgery. The right atrium was opened, and the cystlike mass and peduncle, which was fastened to the atrial septum at the area of the foramen ovale, was excised. An annuloplasty of the tricuspid valve was also performed. The postsurgical recovery of the patient was uneventful.

The macroscopic examination of the tumor revealed a uniformly thin-walled, multicystic lesion, with a smooth external surface and light yellow serous content (Fig 2). On the cut surface, there was a larger cystic space with smaller ones dispersed in a focally thick fibrotic wall. The diagnosis of lymphangioma was made on histopathologic examination. Lymphangioma is a rare, benign, primary tumor of the heart.