A 27-year-old lady with exertional dyspnea was referred to our adult congenital heart clinic 13 years after operative closure of an ostium secundum atrial septal defect in India. (A) Routine chest radiograph showed an abnormal mediastinal contour with opacification of the retrosternal airspace. (B) Echocardiography demonstrated a large extracardiac mass (white arrow) of mixed echogenicity adjacent to the right ventricular (RV) free wall (modified apical 4-chamber view). (C) Computed tomography of the chest confirmed the presence of an irregularly calcified 3.7 × 6.1 × 12.3-cm mass (white arrow) extending from the first costal cartilage inferiorly to the level of the hemidiaphragms (axial, coronal, and multiplanar reformat; mass is colored blue). Although the mass was heterogeneous in attenuation, no definite enhancement was noted on the post-contrast imaging. On both studies, there was evidence of RV free wall compression (arrow) with preservation of the pericardial fat plane in this region. (D) Intraoperative findings demonstrated the presence of a calcified surgical sponge with surrounding foreign body reaction (white arrow). (E) Gross pathologic specimen demonstrating fibrous surgical sponge (white arrow) admixed with body material; (F) microscopy demonstrating multinucleated giant cell reaction against refractile foreign body substance (white arrow). LA = left atrium; LV = left ventricle; RA = right atrium.