Cardiac Tumor

MARTA G. GOROCITO, SERGIO AUGER[MTSAC], GABRIEL ACCERBONI

A 51-year-old woman, with history of positive serology for Chagas disease, in an indefinite period, referred to the department of Cardiology outpatients for an echocardiographic examination.

An echocardiogram (Figure 1) that allows seeing a tumoral mass with no obstruction to the outflow tract at the level of the basal interventricular septum (IVS) is performed.

The chest X-ray and the electrocardiogram are normal.

Cardiac magnetic resonance, with and with no contrast (gadolinium) is required, which shows solid tumoral mass, ovoid, of 45 x 47 x 55 mm x 97 cm3, with its maximum vertically dimension, and heterogeneous signal: isointense in T1 (Figure 2) and hypointense in T2. This tumoral mass is slightly capsulated, with an area of lineal hypointensity due to fibrosis and probable calcification (Figure 3). It is placed intraparietal, in the basal segment of the posterior septum, it protrudes into the LV, deforming its cavity, and it does not affect the outflow tracts of both ventricles: there are no signs of obstruction. Due to such characteristics, it may be a fibroma.

The fibroma is a benign tumor of connective tissue which derives from fibroblasts; it is of rare presentation and may appear both in men and women at any age, although it is more frequent at paediatric age. It is an intramural tumor, generally unique, which may affect the thickness of the atria, ventricles and IVS, and it is of variable size. It has been related to arrhythmias, heart failure and sudden death; a third of the cases are casually discovered. The diagnosis can be done through echocardiography and/or cardiac magnetic resonance. In symptomatic adults, surgery is the recommended treatment; in the case of asymptomatic, as our patient, it is only recommended when it is easily resectable.

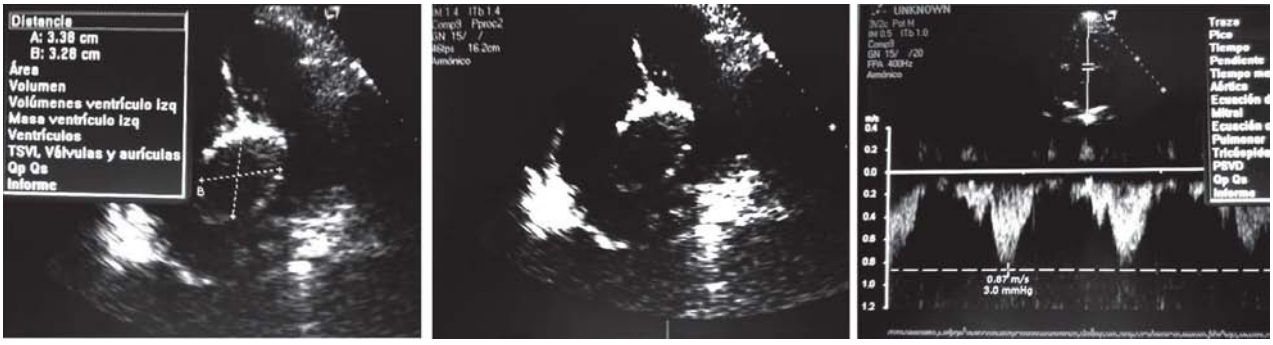

Fig. 1.

Fig. 2.

Hospital Francisco Santojani, Department of outpatients, Cardiology
Buenos Aires, Argentina
Correspondence: Marta G. Gorocito - E-mail: mgorocito@hotmail.com

Fig. 3.

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