


CARDIOVASCULAR FLASHLIGHT

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Rare case of left ventricular haemangioma: multi-modal approach to diagnosis

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A 59-year-old female with a history of permanent pacemaker implantation for a high-grade AV block presented with lightheadedness. EKG showed LABB. Pacemaker interrogation was unremarkable. A transthoracic echocardiogram (see Supplementary material online, Video S1) revealed an ejection fraction of 40%, apical hypokinesis and septal dyskinesis. Additionally, an echodensity 1.4 × 1.1 cm located in the mid-distal anteroseptal wall was seen and confirmed on a transoesophageal echocardiogram (see Panel B and Supplementary material online, Video S2). This mass was suspected to be a thrombus and anticoagulation was commenced. After 3 months of anticoagulation, the mass remained stable in size. At this point, the patient underwent a CT angiogram of the chest (Panel A), which raised the possibility of this mass (attached to the septum via a thin stalk) being a neoplasm, however, possibility of thrombus could not be ruled out. MRI was not performed because of pacemaker. Hence, a coronary angiogram was performed to evaluate the vascularity of this mass. Angiograms (see Supplementary material online, Video S3) clearly showed that this mass (arrows in Panels C and D) to be richly supplied by septal perforators arising from the mid-left anterior descending artery (Panels C and D). Hence, the patient underwent surgical resection of tumour (Panel E), which raised the possibility of this mass (attached to the septum via a thin stalk) being a neoplasm, however, possibility of thrombus could not be ruled out. MRI was not performed because of pacemaker. Hence, a coronary angiogram was performed to evaluate the vascularity of this mass. Angiograms (see Supplementary material online, Video S3) clearly showed that this mass (arrows in Panels C and D) to be richly supplied by septal perforators arising from the mid-left anterior descending artery (Panels C and D). Hence, the patient underwent surgical resection of tumour (Panel E), which was initially reported to be myxoma on histopathological examination. However, after correlation of CTA appearance, rich vascular supply seen on angiograms and histopathological findings (showing dilated cavernous vessels, small capillary channels, scattered pericytes and fibroblasts in a myxoid background), this mass was established to be haemangioma. Left ventricular haemangiomas are rare tumours which often are misdiagnosed as thrombus or myxoma.

Supplementary material is available at European Heart Journal online.

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