Multiple cardiac mycetomas in an immunosuppressed child

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A 7-year old boy with a history of bone marrow transplantation for acute lymphoblastic leukaemia, complicated by systemic mycosis (Candida albicans) presented with respiratory distress and arterial desaturation due to multiple cardiac mycetomas (Fig. 1). He underwent surgical treatment (Fig. 2) and made a full recovery, only to experience a similar episode a month later, which led to his demise.

Figure 1: Multiple cardiac mycetomas involving mainly the right ventricle and the pulmonary artery causing severe obstruction as shown by echocardiography (A–C) and Computed Tomography (D). LV: left ventricle; RA: right atrium; RV: right ventricle, MPA: main pulmonary artery; LPA: left pulmonary artery; RPA: right pulmonary artery.

Figure 2: Intraoperative view of mycetomas in the main pulmonary artery (A) and the right ventricle (B). All accessible masses were removed under cardiopulmonary bypass and cardiac arrest. M: mycetoma; Ao: aorta; PA: pulmonary artery; RV: right ventricle, TV: tricuspid valve.