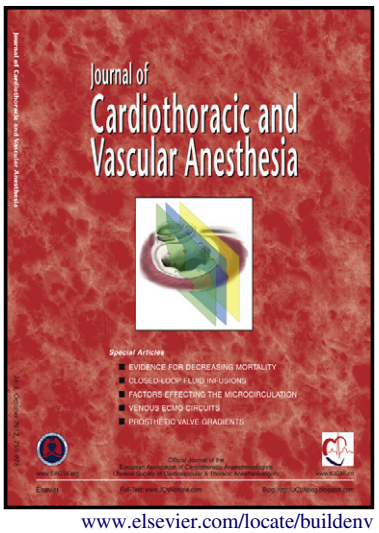

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A highly mobile mass in the anterior left ventricular outflow tract immediately beneath a heavily calcified, stenotic aortic valve: Vegetation, thrombus, or neoplasm?

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Running Title: LV outflow tract papillary fibroelastoma

Key Words: Cardiac tumor; myxoma; papillary fibroelastoma; left ventricular myocardium; aortic valve stenosis; tricuspid regurgitation; transesophageal echocardiography; congestive heart failure

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An 87 year-old, 124 kg, 170 cm man with a history of coronary artery disease, hypertension, hyperlipidemia, and chronic atrial fibrillation was admitted to the authors' institution for progressive lower extremity swelling, increasing shortness of breath, and dyspnea on exertion. The patient also reported orthopnea, paroxysmal nocturnal dyspnea, intermittent coughing, fatigue, and recent weight gain, but denied fever, chills, palpitations, and chest pain or pressure. He underwent single vessel coronary artery surgery fourteen years before the current admission. The physical examination was significant for a grade III of VI systolic murmur heard best over the right sternal border. Marked lower extremity pitting edema extending into the lower abdomen and sacrum was also present. A laboratory