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Case Report

Asymptomatic left ventricular hemangioma

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ARTICLE INFO

Article history:

Received 19 February 2017

Received in revised form

12 March 2017

Accepted 12 March 2017

Available online 7 April 2017

Keywords:

Left ventricle

Hemangioma

Surgery

ABSTRACT

Cardiac hemangiomas are very rare benign neoplasms that are usually asymptomatic. Although there are often found incidentally during echocardiography, other imaging modalities such as computed tomography, magnetic resonance imaging, and coronary angiography are needed to establish a diagnosis. Surgical excision is therefore recommended to confirm the diagnosis and avoid potential complications. We report a case of asymptomatic cardiac hemangioma that was discovered incidentally during echocardiography.

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Introduction

Cardiac hemangiomas are very uncommon benign primary tumors that are usually detected during routine echocardiography. However, they can potentially cause complications such as arrhythmia, dyspnea, and sudden death. Surgical treatment is recommended to confirm the diagnosis and avoid serious complications.

Case report

A 42-year-old man who underwent echocardiography for a medical checkup was referred to our department for evaluation of a left ventricular mass. His medical history was

unremarkable. There were no complaints of fever, weight loss, or dyspnea. On admission, his vital signs were as follows: temperature of 36.5°C and blood pressure of 120/80 mm Hg. An electrocardiogram showed normal sinus rhythm. Chest X-ray revealed no active lung lesions. Transthoracic echocardiography showed a mobile, smooth, oval, pedunculated mass originating from the left ventricular lateral wall. The mass measured 1.34 × 1.9 cm (Fig. 1). Chest computed tomography showed that it was attached to the interventricular septum. The mass was focally enhanced by the contrast material (Fig. 2). The patient subsequently underwent surgery. The excised mass was polypoid with smooth outer surface, and histological examination confirmed the diagnosis of hemangioma (Fig. 3). The patient had no postoperative complication and was followed for 3 years after surgery.

Competing Interests: The authors declare no conflict of interest.

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<http://dx.doi.org/10.1016/j.radcr.2017.03.021>

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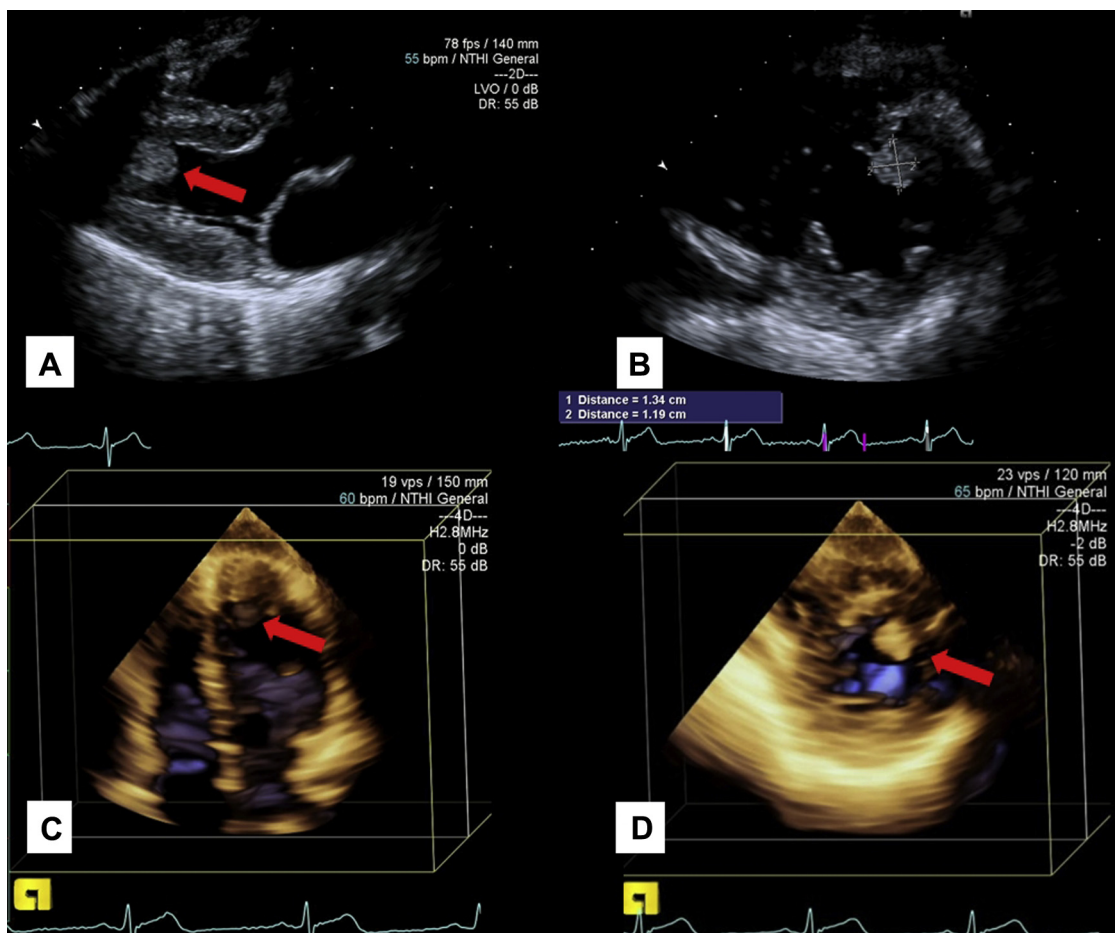


Fig. 1 – Transthoracic echocardiography demonstrates an oval, homogeneous, mobile mass originated from the lower midpart of the interventricular wall. Parasternal long (A), short (B) axis view, 3-dimensional echocardiography (C and D).

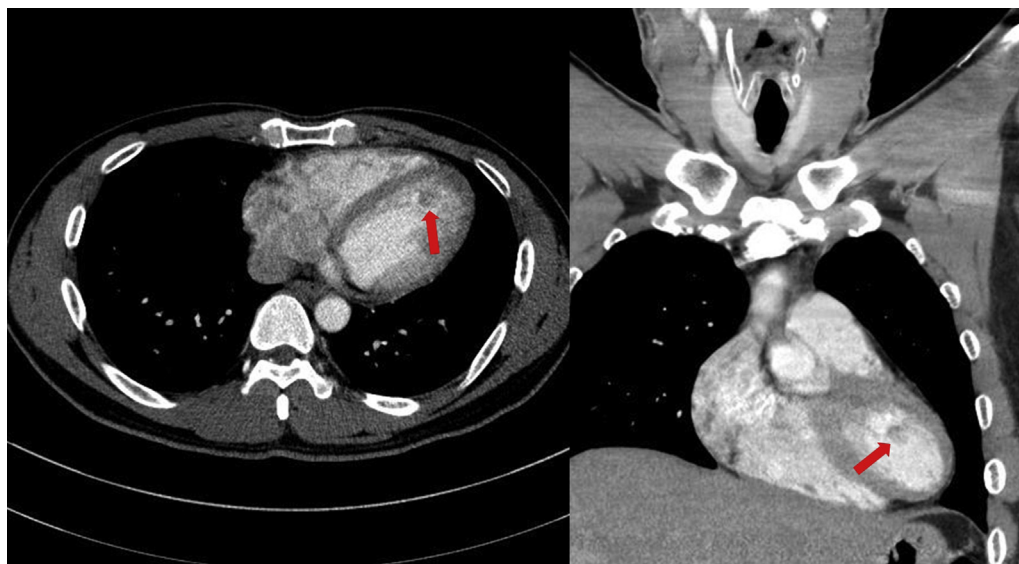


Fig. 2 – Chest CT shows the small, focal-enhanced mass attached to the left interventricular septum in multiple views (arrows). CT, computed tomography.

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