

Interventricular septal lipoma

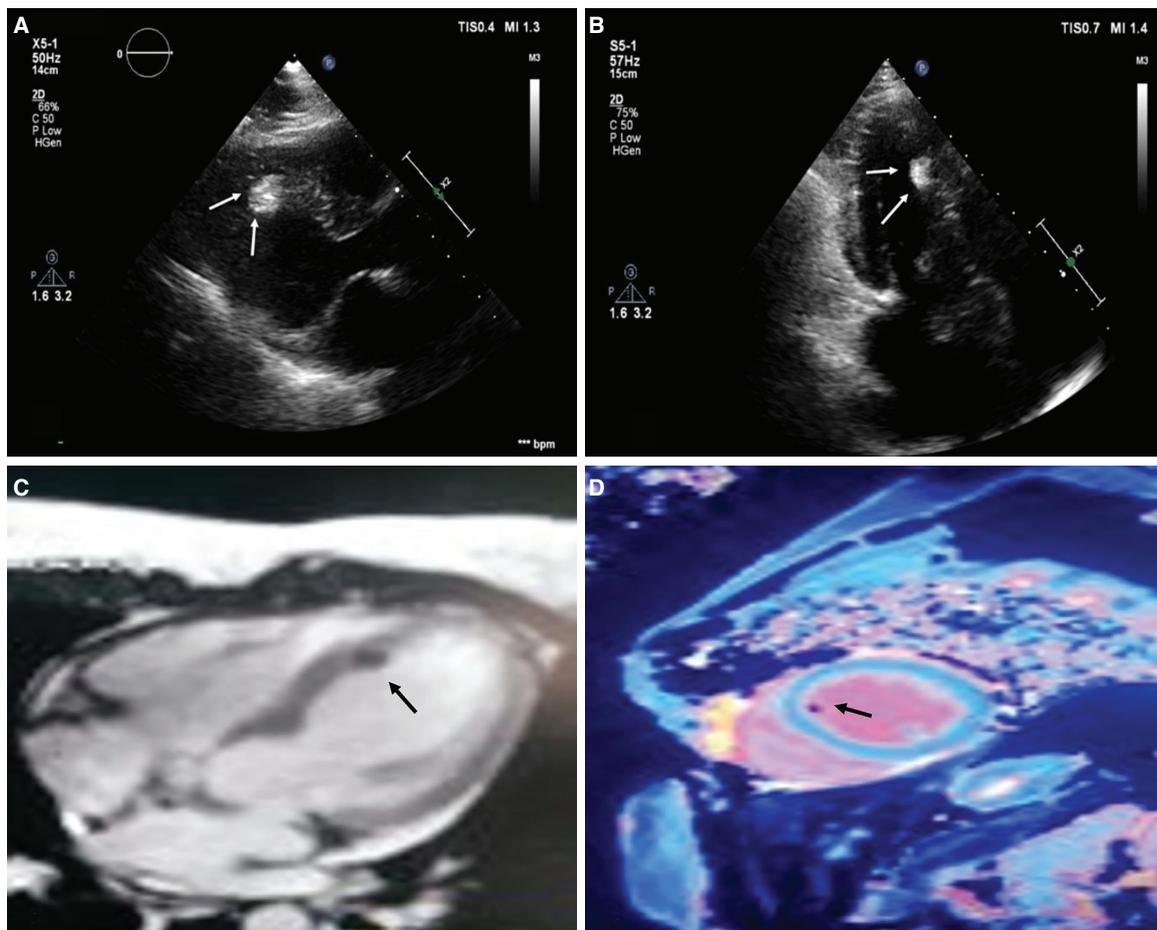
İnterventriküler yerleşimli lipom

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A 27-year-old female patient with no known cardiovascular disease was admitted with palpitations. Electrocardiogram (ECG) indicated atrial fibrillation with 106 beats per minute. The physical examination was unremarkable. Five hours later, ECG spontaneously returned to sinus rhythm. Transthoracic echocardiography revealed a hyperechoic mass originating from the interventricular septum extending through the left ventricle (Figure A, B, Video 1*). Cardiac magnetic resonance imaging showed a solitary, unilobular, smooth-surfaced mass arising from the endocardial surface of left ventricle. The signal intensity of the mass was consistent with adipose tissue (Figure C, D, Video 2*). Resection of the mass was not considered because of its asymptomatic course and small size.



Figures– (A) Transthoracic echocardiography parasternal short axis view and **(B)** apical 4-chamber view revealing a hyperechoic mass originating from the interventricular septum extending through the left ventricle. **(C)** Long axis and **(D)** fat-suppressed cardiac magnetic resonance imaging showing a small lipoma (14x7 mm in diameter) originating from the interventricular.

*Supplementary video files associated with this presentation can be found in the online version of the journal.