CASE IMAGE

Unusual protruding intracardiac mass: Lipoma of left ventricular apex

Ventrikül kavitesine uzanan alışılmadik kitle: Apikal sol ventrikül lipomasi

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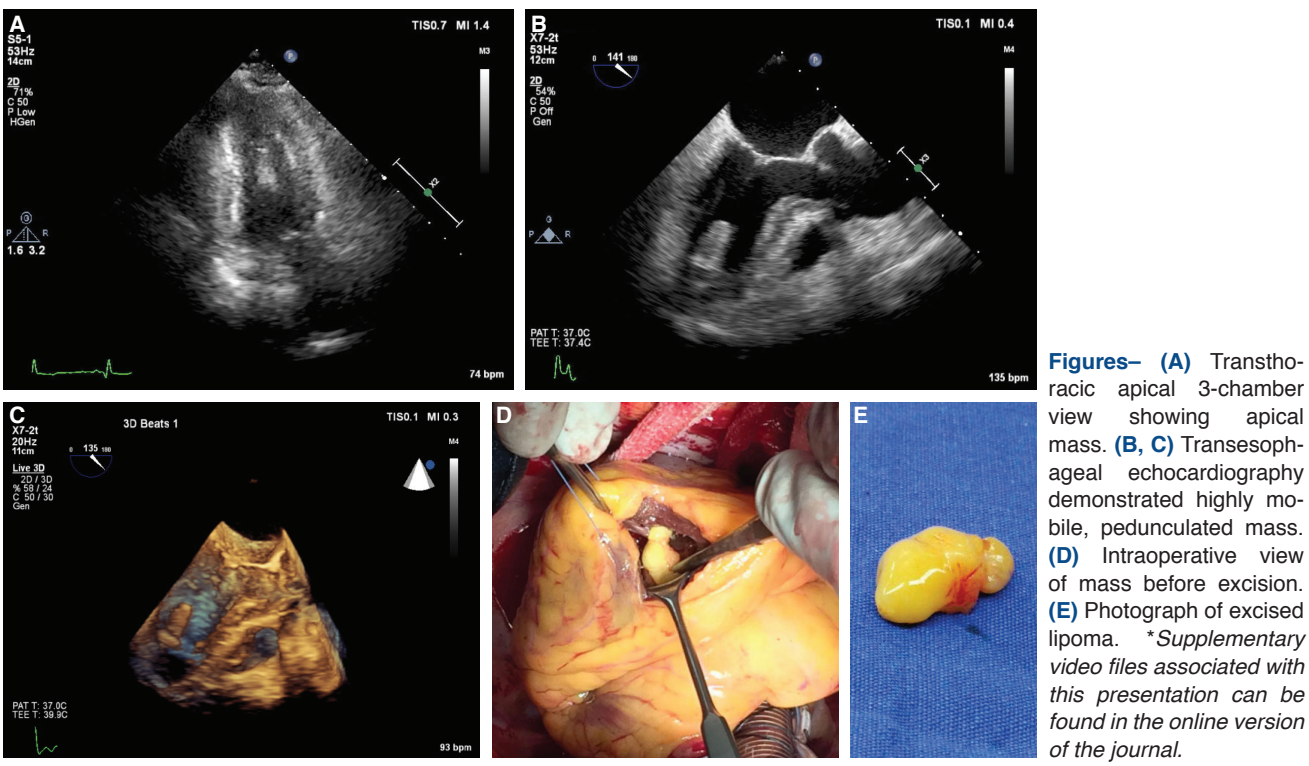
A 53-year-old woman presented at outpatient clinic with complaint of atypical chest pain. She had history of hypertension, for which she was taking ramipril 5 mg once a day. Physical examination and electrocardiogram were normal. Transthoracic echocardiography revealed hyperechoic mass in left ventricular apex (Figure A, Video 1*). Transesophageal echocardiography depicted mobile, pedunculated mass (Figure B, C, Video 2, 3*). Left ventriculotomy was performed after median sternotomy. Mass was excised from apicolateral wall of left ventricle (Figure D, E). Postoperative pathology reported 10x25 mm encapsulated lipoma. Postoperative period was uneventful. Transesophageal echocardiography confirmed total resection of lipoma without any residual mass. No recurrence was observed and no further treatment was required during 1 year of follow-up. Lipoma is rare type of primary cardiac mass. Symptoms usually depend on space-occupying effect determined by localization and size of mass. Thrombus remains most important differential diagnosis of hyperechoic apical mass. Thrombus formation is less likely in the absence of apical aneurysm, spontaneous echo contrast and systolic dysfunction. Myxomas and fibroelastomas appear as floppy cardiac masses, whereas lipomas are usually immobile, sessile, and firmly attached to the endocardium. Mobile intracardiac masses, independent of size and symptoms, require surgical excision and pathological evaluation, since possibility of embolization is unpredictable. Immobile lipoma without any symptoms may be followed up without surgical intervention, based on high accuracy of cardiac magnetic resonance imaging for diagnosis of lipomatous tissue. Surgery was performed in the present case based solely on echocardiography due to high mobility of the mass.



Figures– (A) Transthoracic apical 3-chamber view showing apical mass. **(B, C)** Transesophageal echocardiography demonstrated highly mobile, pedunculated mass. **(D)** Intraoperative view of mass before excision. **(E)** Photograph of excised lipoma. ******Supplementary video files associated with this presentation can be found in the online version of the journal.*