factor, however, is the inclusion of the basal RV with the RVOT. Van der Hulst et al. used three-dimensional echocardiography in post-operative TOF patients. They could show that the RV apex was the most significantly remodelled part of the RV; however, the local ejection fraction was preserved. A significant reduction in the regional RV apical function was also described in patients with pulmonary arterial hypertension and after atrial septal defect closure. Together, these data show that more research with pulmonary arterial hypertension and after atrial septal defect closure. They could show that the RV apex and exercise capacity in patients with repaired tetralogy of Fallot. Circulation 2009; 119:1370–7.


References

Onion-like masses in the left ventricle
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A 50-year-old male presented at the emergency department with a hypoglycaemia due to liver failure. One year earlier he was diagnosed with a severe dilated cardiomyopathy related to alcohol and cocaine abuse. Because of otherwise unexplained hypoxia, a CT-scan was performed, which confirmed the diagnosis of pulmonary embolism. By serendipity, a large mass was observed in the left ventricle (Panel 1A). Transthoracal echocardiography confirmed mobile masses in the apex and centre of the left ventricle (Panel 1B). No flow was detectable in these masses, consistent with thrombi. Despite the start of anticoagulant treatment, the patient’s condition deteriorated and he died due to liver and heart failure. Post-mortem examination (Panel 1C and D) showed an enlarged heart with multiple biventricular thrombi and one large trombus (6 x 1 x 1.5 cm) in the left ventricle. The large thrombus showed an onion-like layering, suggesting a slow formation, resulting from the decreased flow related to cardiomyopathy.

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