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Response of myocardial oxygenation to breathing manoeuvres and adenosine infusion

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Video-assisted transmitral resection of primary cardiac lipoma originated from the left ventricular apex

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A 77-year-old woman who suffered from weight loss was referred to our hospital. She lost 8 kg of weight a year, and whole-body computed tomography (CT) scan was performed for the evaluation of malignancies. Contrast enhanced CT demonstrated a low-intensity (−100 to −120 Hounsfield) mass without contrast opacification (Panel A). Echocardiography revealed a high echogenic and well-demarcated movable mass (25 × 28 mm) located in the left ventricular apex (Panel B, arrow; see Supplementary data online, Video S1). T2 and fat suppression T2 magnetic resonance imaging suggested that the tumour was a lipoma (Panels C and D, arrow). Transmitral endoscopy via the left atrium demonstrated the yellowish and well-demarcated mass originating from the left ventricular wall (Panel E, arrow; see Supplementary data online, Video S2). Intraoperative consultation revealed that the tumour was a lipoma without malignancy (Panel F), which was completely resected by transmitral approach without ventriculotomy. The patient was event free with no relapse for at least a year.

Cardiac lipomas are rare and often asymptomatic. Benign lipomas are sometimes difficult to diagnose; therefore, surgical resection of the tumour may be warranted for the precise diagnosis. Recently, video-assisted removal of cardiac tumours, which can avoid a left ventriculotomy, has been reported to be a useful method of resecting cardiac tumours. In this case, transmitral endoscopy via the left atrium clearly showed the appearance of the tumour and the intra-cardiac anatomy, which enabled us to avoid an unnecessary ventriculotomy.

Conflict of interest: None declared.

Supplementary data are available at European Heart Journal — Cardiovascular Imaging online.