Multiple cardiac mycetomas in an immunosuppressed child

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A 7-year old boy with a history of bone marrow transplantation for acute lymphoblastic leukaemia, complicated by systemic mycosis (\textit{Candida albicans}) presented with respiratory distress and arterial desaturation due to multiple cardiac mycetomas (Fig. 1). He underwent surgical treatment (Fig. 2) and made a full recovery, only to experience a similar episode a month later, which led to his demise.

Figure 1: Multiple cardiac mycetomas involving mainly the right ventricle and the pulmonary artery causing severe obstruction as shown by echocardiography (A–C) and Computed Tomography (D). LV: left ventricle; RA: right atrium; RV: right ventricle, MPA: main pulmonary artery; LPA: left pulmonary artery; RPA: right pulmonary artery.

Figure 2: Intraoperative view of mycetomas in the main pulmonary artery (A) and the right ventricle (B). All accessible masses were removed under cardiopulmonary bypass and cardiac arrest. M: mycetoma; Ao: aorta; PA: pulmonary artery; RV: right ventricle, TV: tricuspid valve.