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**CLINICAL VIGNETTE**

**Evaluation of a fibroelastoma with magnetic resonance imaging**

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A 64-year-old woman was admitted to hospital with acute chest pain and self-limiting ventricular tachycardia. Transthoracical Doppler echocardiography demonstrated mitral regurgitation and a mobile mass close to the anterior leaflet. Coronary angiography was normal. For clinical evaluation preoperatively, a magnetic resonance imaging (MRI) was obtained at 1.5 T. Cine images showed a 1.3 cm measuring mass connected to the papillary chords (Panel A) without systolic prolapse. In the dark blood images (Panel B), the mass showed myocardial signal intensity. Delayed enhancement images 10 min post-Gd- administration demonstrated a hyperintense mass surrounded by a black rim isointense to the normal myocardium (Panel C). Surgery revealed a mass connected to the anterior chord of the papillary muscle. The histopathological examinations displayed a collapsed endocardium cyst, either because of a residual fibroelastoma or an endocardium defect with consecutive thrombotic changes (Panel D). The MRI offers the potential for differentiation between pathological processes by tissue-dependent signal characteristics. It may be suitable for pre-therapeutical decision-making. In conclusion, MRI was shown to identify non-invasively a regressive fibroelastoma as confirmed by histology.

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