Intramyocardial Lipoma

To the Editor:

Heart tumors tend to be metastatic and primary heart tumors are rare. Among the latter, myxoma accounts for more than 50% of the cases in anatomical pathology series, followed in frequency by a wide variety of other kinds of tumors.[1]

We present the case of a 39-year-old woman with a clinical history of dizziness of 2-years' duration with no clear profile, together with recurrent and nonspecific aches in the right costal region with no background of trauma. Examination was begun on an outpatient basis and physical examination,

Figure 1. Transthoracic echocardiogram showing a mass pressing on the posterior wall of the left ventricle.

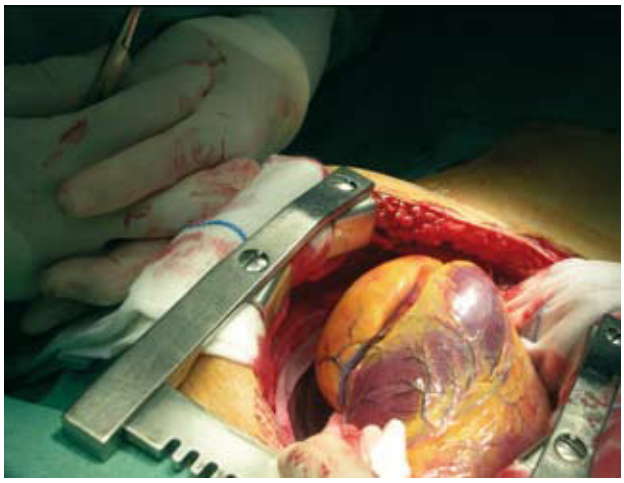

Figure 2. Intraoperative image of the lipoma in the lower posterior region of the left ventricle.

standard blood analysis, and chest x-ray yielded no findings of note. Electrocardiography showed levorotation and negative T-wave in the inferolateral leads that were not present in previous ECG traces. In light of this finding, and together with the persistence of symptoms, the patient was referred to the cardiology consultation service. Transthoracic echocardiography was performed and showed an intrapericardial mass in the lower posterior region that flattened the left ventricular posterior wall, without signs of hemodynamic disorder (Figure 1). To obtain better definition of the mass, magnetic resonance imaging was requested, but this could not be completed due to a lack of collaboration on the part of the patient. In the light of this limitation, computed tomography was performed which showed a fatty dense mass in the pericardial sac in contact with the posterior wall of the left ventricle and pressing on it. The patient was referred to surgery and a 7-cm×3.8-cm intramyocardial tumor (Figure 2) was resected from the left ventricle. Macroscopically, it had a homogeneous and yellowish appearance, and microscopic examination showed it to be a lipoma. Follow-up examinations have shown the patient to be asymptomatic.

Cardiac lipomas are rare,[2] but they can appear at any age and at the same frequency in both sexes. Most of them are subendocardial or epicardial, and only 25% are found in the myocardium. The most frequent location is the left ventricle. They are masses encapsulated or surrounded by the myocardium. They tend to be silent and are only found by chance[3] during autopsy or chest x-ray, although they can cause arrhythmias, conduction disorders or mechanical interference. Although we could not apply magnetic resonance imaging, this is the best technique to diagnose and characterize the disorder as it provides accurate 3-dimensional information on size, location and borders, and also provides information on the composition of the mass. Surgical resection is the treatment of choice and in many cases leads to complete cure.

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