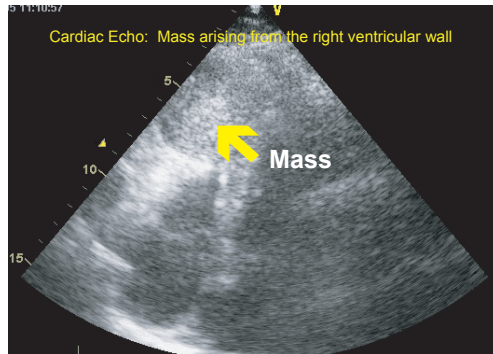


Unusual cardiac cause of shortness of breath caused by tumour

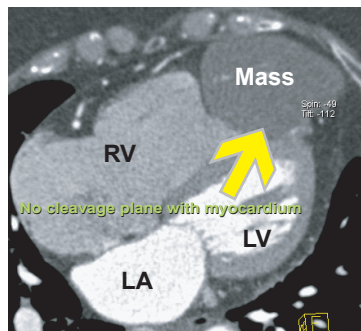
Patient Information

- 64 yr old female presented with chest discomfort and shortness of breath for the past 4 months.
- ECG: anterior T wave-inversion
- Cardiac Echo showed a 4 x4 cm mass outside the right ventricular chamber compressing the right ventricle
- MRI demonstrated a space occupying lesion in the inferior mediastinum



MSCT Results

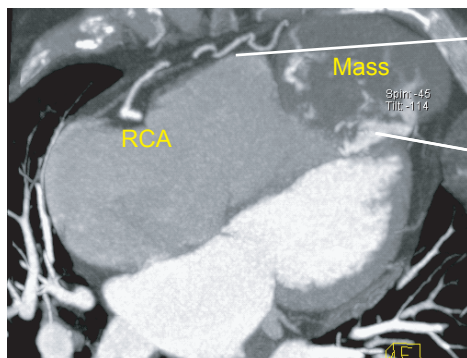
There is a 5 x 5 x 4 cm mass lesion in the inferoanterior mediastinum which enhances inhomogeneously. There is no fatty component. Mass appears to be in continuity with the ventricular wall indenting onto the right ventricle



MSCT: Demonstrates mass with no cleavage plane with the ventricular wall.

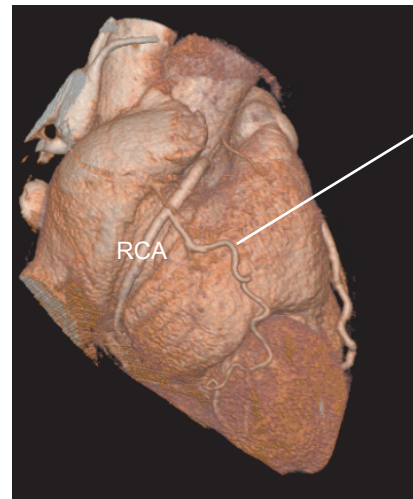
MSCT Coronary Angiogram Results

Mass demonstrates contrast pools within. Vascular supply is seen from both the right coronary artery – by the marginal branch, and the distal left anterior descending artery

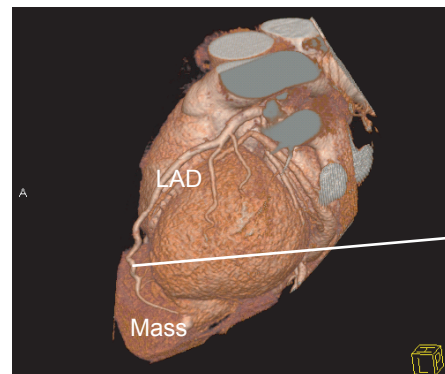


4 chamber view of the heart

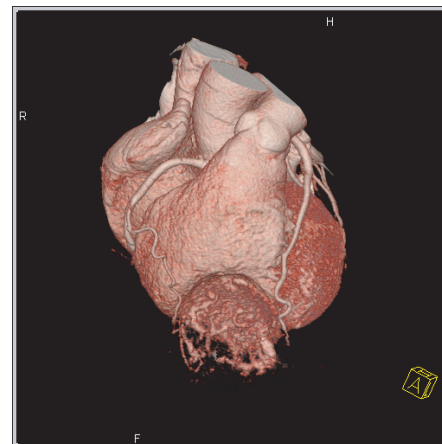
MSCT: Mass is vascular with pools of contrast seen within. Vascular supply from the right coronary artery is noted.



Marginal branch of the RCA supplying mass



Vascular supply to the mass from the left anterior descending artery is also noted



Impression

- Tumour is likely to arise from the myocardium.
 - Rare primary tumour eg rhabdomyoma (usually intracavitary), fibroma, sarcomas (usually younger age group)
- Differential: Extracardial tumour with infiltration

Cardiac Haemangiomas:

Patient was referred to a cardiothoracic surgeon
Op: Complete excision of tumour
Histopathology: Benign haemangioma.