Purpose: Cardiac hemangiomas are very rare (2-5%) (1, 2). Patients can be asymptomatic or can have symptoms from chest pain, to sudden death (3). We present a case of a healthy 23 y.o. with a tumor in the left ventricle (LV).

Clinical Features: The patient presented with palpitations and shortness of breath, which were increasing in frequency over 6 mos, he consented to reporting of his case. The patient denied symptoms of fever, weight loss, or cerebrovascular incidents.

Initial diagnosis by echo, demonstrated an isolated intracardiac mass filling the apex of the LV. MRI revealed an intramyocardial enhancing mass that was septated but well circumscribed with intermediate T1 and high T2 signal intensity. There was an area of invasion of the mass into the region of a papillary muscle and a pericardial effusion.

The mass was thought to be a cardiac fibroma or rhabdomyoma. On arrival to the operating room, he had runs of ventricular tachycardia (VT). Anesthesia was induced with etomidate, sufentanil, and rocuronium. Intraoperative TEE confirmed the mass. There was flow above the tumor, which invaded into the posterior papillary muscle. There was no involvement of the right ventricle or mitral valve. Biventricular function was preserved. The chest was entered via midline sternotomy and cardiopulmonary bypass established. The distal LAD ran across the tumor. There were no pericardial adhesions or invasion of the tumor outside the heart. A thin layer of myocardium was resected with the tumor since it was invading the muscle. The posterior papillary muscle was attached to the tumor but had two insertions into the LV, one of which could be preserved. The LAD was identified and ligated as it entered into the tumor region. After tumor resection, the LV was closed. The patient regained sinus rhythm with ST elevation. TEE post resection demonstrated no evidence of residual tumor, mildly decreased wall motion, no evidence of pericardial effusion or VSD, and preserved mitral valve function. His post operative course was uneventful with the exception of a single episode of VT in ICU, not requiring treatment. He was discharged on postop day 5. Pathology confirmed the tumor to be a 9x6.5x3.5cm infiltrating cardiac hemangioma.

Conclusion: Echo and MRI are complimentary for diagnosing masses. Surgical resection is the treatment of choice for symptomatic lesions, or when diagnosis is unclear. Long-term outcome is good with surgical resection. Although there is no malignant component, these lesions are infiltrative and may have a recurrence rate of 50% if incompletely excised (4).

3) AFIP Archives. 2000; 20: 1073-1103  