"Invading papillary fibroelastoma"

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I found the brief communication by Dr Fayad and colleagues¹ regarding a case of "invasive" papillary fibroelastoma (PFE) interesting. Certainly this seems to be an uncommon variant of a rare lesion. However, use of the term *invading* has certain connotations, at least to a pathologist. This term is typically reserved to describe malignant processes wherein there is destruction of normal tissue. The authors make no claim that they are using the term *invading* in this way, although they do mention that it is impossible to prove infiltration of the valvular tissue because the valve was not excised. Indeed, one might contend that it would be impossible to prove even if the valve was removed because the point of attachment of the PFE with the endocardium is indistinct at best and usually merges imperceptibly with the underlying connective tissue.² Perhaps *sessile* might be a more appropriate term to use in describing this lesion. This term refers mostly to the gross appearance but more importantly does not imply anything about the aggressiveness of a lesion. Also, PFEs with a sessile configuration have been described, but they are quite rare.

I must admit that I found the discussion somewhat confusing in that it seems to contradict the information in the "Clinical Summary" section. For instance, both the transthoracic and transesophageal echocardiograms showed a round, highly mobile, pedunculated mass. Likewise, the histopathologic examination described specific fronds attached to a common pedicle. This contrasts with the "Discussion" portion that begins by mentioning the rarity of multiple PFEs. Is this case then to be considered an example of multiple PFEs? If so, it might be helpful to know whether the patient had any previous cardiac operations because there is some evidence to suggest that so-called iatrogenic PFEs are more often multiple.³ Either way, this certainly represents a very unusual morphology for a PFE.

Whether PFE is a neoplasm, hamartoma, malformation, or organized thrombus or the result of a reactive/degenerative process is still not known. A lesion such as the one described seems to be more in keeping with the latter. Only by the reporting and study of these rare lesions can we someday hope to ascertain the pathogenesis of PFE.

References

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