Left ventricular apical papillary fibroelastoma

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A 66-year-old man with a history of smoking was seen for increasing shortness of breath. A chest radiograph demonstrated a right lower lobe mass. Chest computed tomography confirmed the presence of a 2.7-cm lung lesion suggestive of neoplasm. Preoperative cardiac clearance included echocardiography. Transthoracic echocardiography demonstrated a 1-cm mass in the apex of the left ventricle. No other cardiac pathology was noted. Removal of the mass was accomplished through a left ventriculotomy with cardiopulmonary bypass by means of an Embol-X aortic cannula (Embol-X, Inc, Mountain View, Calif). The intraoperative finding was that of a friable tumor embedded within the apical endocardium and myocardium (Figure 1). Pathologic findings included a 1-cm friable tumor with histologic features consistent with papillary fibroelastoma. The heparin-coated mesh filter of the Embol-X cannula captured a 1-mm tumor fragment. The patient had an uneventful recovery and was discharged at 6 postoperative days.

Papillary fibroelastomas account for 8% of all cardiac tumors, with 85% involving the cardiac valves. An apical left ventricular location is a rare finding. The main indication for removal is the risk of embolic complications, particularly stroke.¹⁻³ Removal is surgical.

FIGURE 1. Intraoperative photograph showing apical left ventricular papillary fibroelastoma.

References

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