



Interesting Image / İlginç Görüntü

Extremely rare and giant cavernous cardiac hemangioma

Çok nadir ve dev kavernöz kalp hemanjiyomu

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Cardiac hemangioma is an extremely rare phenomenon which accounts for only 5 to 10% of cardiac benign tumors with fewer than 100 cases around the globe.^[1,2] A cardiac hemangioma can cause congestive heart failure, outflow tract obstruction, coronary insufficiency, and even sudden death.^[3]

Herein we depict a very rare case of cardiac hemangioma. A 65-year-old female patient presented

with exertional dyspnea and palpitation for a couple of weeks. Her past medical history was unremarkable. She had normal vital signs and physical examination findings. There were no pathological findings in the laboratory analysis. Chest X-ray showed cardiomegaly, particularly in the left cardiac border. Echocardiography revealed a huge well-defined cardiac mass in the anterolateral side of the left ventricle

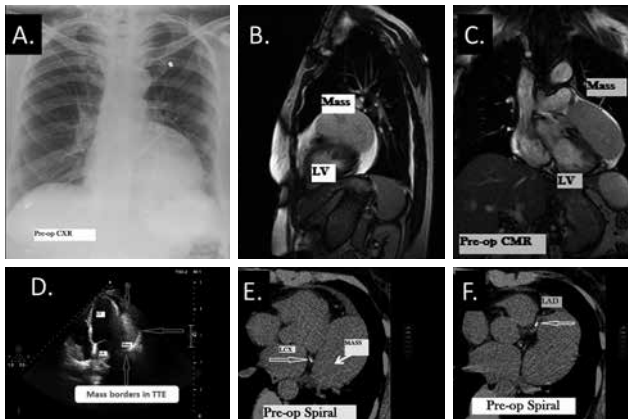


Figure 1. Different preoperative cardiac imaging modalities; (a) Chest X-ray; (b) Sagittal view of cardiac magnetic resonance; (c) Coronal view of magnetic resonance; (d) Echocardiographic four-chamber view; (e) Anatomic relationship between the mass and left circumflex artery; (f) Anatomic relationship between the mass and left anterior descending artery.

LV: Left ventricle; CMR: Cardiac magnetic resonance.

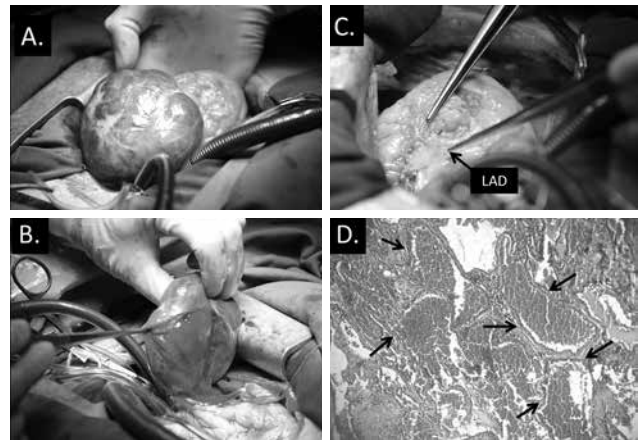


Figure 2. (a) Surgical view of the huge epicardial mass; (b) Surgical en bloc resection of the mass; (c) Final result of surgical excision after repairing epicardial tissue; (d) Histopathological findings (Dilated vascular spaces lined by a flat endothelium containing red blood cells).

LAD: Left anterior descending.

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and normal ventricular function without a significant valvular problem. Spiral computed tomography and cardiac magnetic resonance imaging revealed a huge, well-defined solid mass adjacent to the left anterior descending artery and very close to the obtuse marginal branch which was compatible with a benign tumor most probable with hemangioma (Figure 1). Metastasis testing work-up was also unremarkable. En bloc resection of the encapsulated huge solid tumor (12×10.3 cm) was performed by a sharp dissection and electrocautery under cardioplegic arrest with preserving the adjacent coronary arteries. The patient's postoperative course was uneventful. Histopathological examinations showed a cavernous cardiac hemangioma (Figure 2). The arrows in Figure 2D show the dilated vascular spaces lined by a flat endothelium containing red blood cells, which is the characteristic feature of cavernous cardiac hemangioma.

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