

Calcified Cardiac Mass Compressing Coronary Artery

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To the Editor: A 49-year-old male was referred for the left calcified cardiac border detected incidentally by routine chest radiography. He had no cardiac symptoms.

Cardiac multidetector computed tomography (MDCT) showed 6.4 cm × 2.8 cm × 3.2 cm-sized calcified mass in the left ventricular (LV) myocardium involving basal to midlateral segments [Figure 1a-1c]. A huge, heavily calcified mass was

entirely occupied within the myocardium of the lateral segments of LV. Small daughter mass was located within the interventricular septum, extending to anterior-free wall of LV septum. Small mass seemed to compress the left anterior descending artery (LAD). Echocardiography revealed hyperechoic mass involving basal to mid-lateral LV segments [Figure 1d]. Coronary angiography was performed and revealed total occlusion of LAD due to small

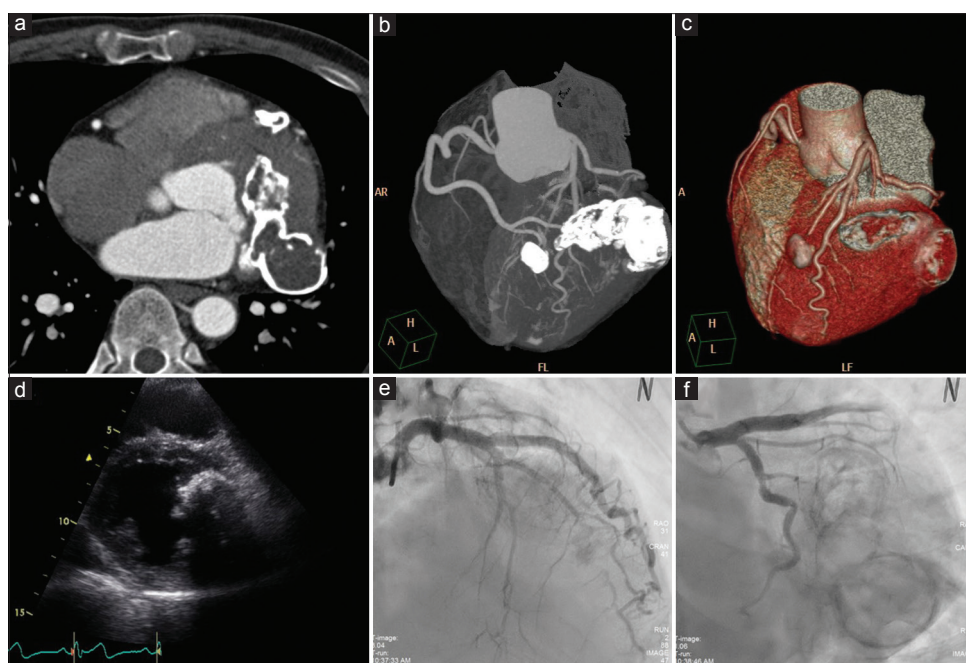


Figure 1: (a) Cardiac computed tomography showed huge calcified mass the lateral segments of LV and small calcified daughter mass located within the interventricular septum, extending to anterior-free wall of LV septum. (b and c) Three-dimensional reconstruction imaging showed small mass compressing the LAD artery. (d) Echocardiography revealed hyperechoic mass involving lateral LV segments. (e) Coronary angiography revealed total occlusion of LAD due to small radiopaque mass. (f) Fluoroscopy showed a huge radiopaque mass in the LV. LV: Left ventricle; LAD: Left anterior descending.

radiopaque mass [Figure 1e]. Collateral flow fully supported the obstructed LAD. Fluoroscopy also showed a huge radiopaque mass in the LV [Figure 1f]. We tried intravascular ultrasound; however, guidewire passage across the compressed site of LAD was failed.

Calcified cardiac fibroma was suspected. We recommended cardiac magnetic resonance imaging for tissue characterization; the patient

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refused due to his economic status. As the patient had no cardiac symptom and high operative mortality was predicted due to huge mass, surgical resection could not be performed. We decided close observation without surgical treatment. Follow-ups have continued in the outpatient clinic, with no episodes of chest pain.

Calcified cardiac fibroma is an extremely rare benign tumor of the heart that occurs most commonly in the LV or the interventricular septum.^[1] Cardiac fibroma, nonencapsulated tumor that is grossly infiltrating but which confines to the myocardium, could remain dormant.^[2] In the present case, extensive myocardial involvement resulted in compression of the LAD. Due to fully supporting collateral flow to the obstructed LAD, the patient had no ischemic symptom, but close follow-up should be considered for possible future ischemic events.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for

his images and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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