Left Ventricular Mass

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A 46 years old male, who was asymptomatic until he developed severe pain in his left foot followed by blackening of the foot, for which he consulted a surgeon who advised him amputation. He underwent amputation (fig 1a) just above ankle. Three months after the amputation surgery he came to this institution for skin grafting at the stump.

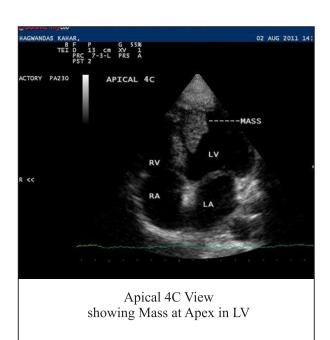
He was referred to us for medical evaluation before the surgery. His general and systemic examinations were normal, as a part of routine medical examination, Echocardiography was done which revealed a mass in left ventricle which was attached to distal IVS(Interventricular septum) with a stalk. Fig 1b and Fig 1c are echocardiographic pictures which are showing in Left ventricle. We suspected the mass to be a Myxoma due to presence of a stalk and due to high statistical probability on the basis of literature. We advised the patient to undergo cardiac surgery, but due to some personal problems he refused the cardiac surgery.

Primary tumors of the heart are rare. Approximately three-quarters are histologicaly benign, over half of which are myxomas. Primary tumors of the heart are rare across all age groups, with a reported prevalence of less than 0.1% in autopsy series. Approximately 79% to 85% of primary heart tumors are benign, and the most the benign tumors are cardiac myxomas.2 The first premortem diagnosis of a primary cardiac tumor, a cardiac myxoma, was made by Goldberg in 1952. Since then, many more primary cardiac tumors have been reported in the literature. Despite rarity, there are multiple recognized histologic types of primary cardiac tumors. The symptoms associated with most primary cardiac tumors are nonspecific, and they often mimic far more commonly encountered disease entities. Many tumors present with mild and vague symptoms so most of the routine work-ups may fail to identify the underlying abnormality.

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