

Papillary fibroelastoma of the aortic valve associated with cerebral embolism in a 91-year old woman

Image in Medicine

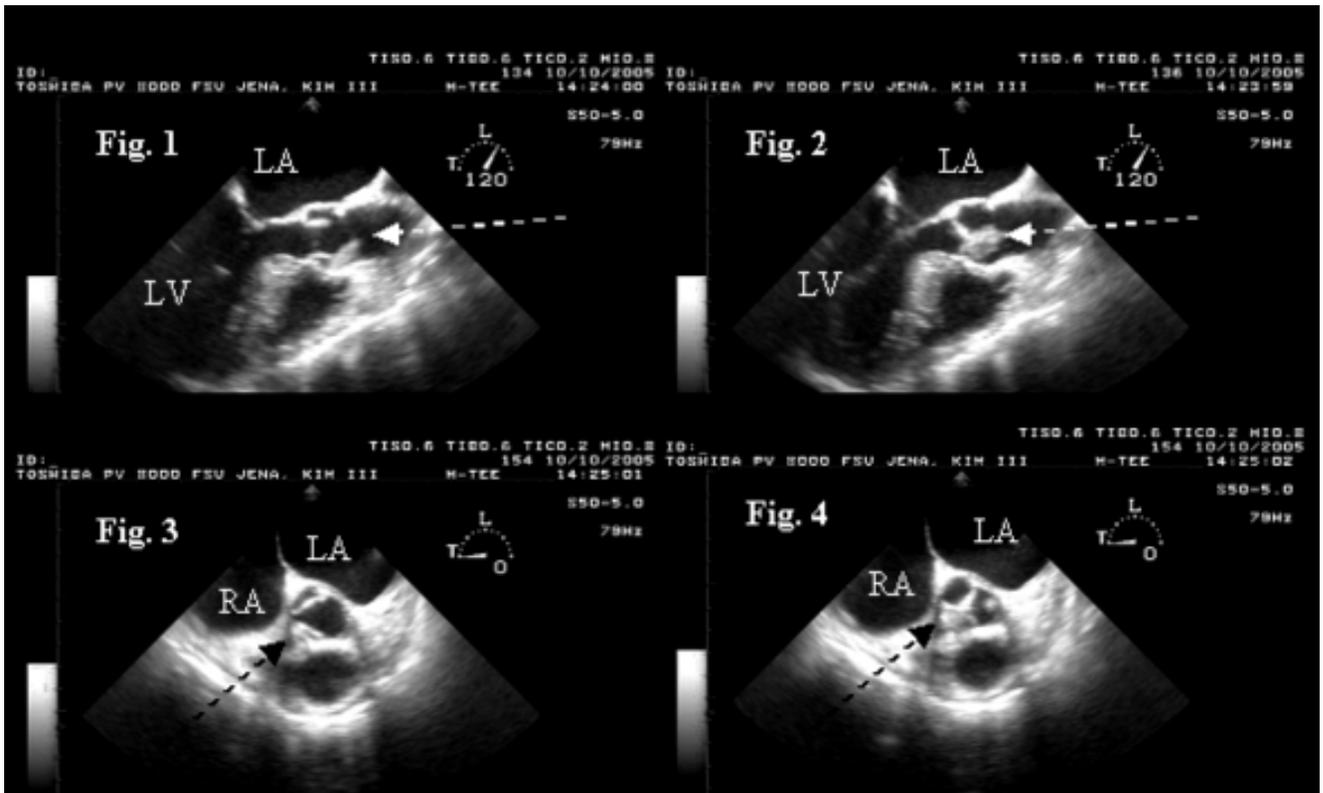
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A 91-year old woman complained acutely of dizziness and fall with consecutive femoral neck fracture. Until the present episode there was no history of loss of consciousness, angina, dyspnea, documented heart disease or stroke. Magnetic resonance tomography of the brain revealed multiple recent embolic lesions in both hemispheres. The patient was in sinus rhythm and the carotidian duplex sonography was normal. The singular pathologic finding at transthoracic echocardiography performed in the emergency room was a mobile stalked cardiac mass adherent to the right coronary aortic cusp. Infective endocarditis could be later ruled out on the basis of 3 negative blood cultures and of the lack of clinical and laboratory evidence of bacterial infection. Transesophageal echocardiography confirmed the presence of a highly mobile pedunculated mass sized 15 x 7 mm with insertion at the tip of right aortic valve leaflet on the arterial side. The tumor did not protrude into the outflow tract and showed a homogeneous texture without calcifications. The contour was irregular with a typical speckled appearance around the boundary. The aortic valve was discretely thickened and showed normal opening and closure without regurgitation on color Doppler. Surgical excision of the tumor was not attempted because of the advanced age of the patient. The clinical course was favorable, without recurrent cerebral ischemia or secondary hemorrhage. The patient was discharged on day 12 with low-dose aspirin as a secondary prophylaxis. Although no histological confirmation was available, the aspect of the tumor is highly suggestive for cardiac papillary fibroelastoma, according to previous observational studies on large cohorts (1,2). Particular in this patient was especially the long clinically silent interval despite tumor size. □

Key words: aortic valve, cardiac tumor, fibroelastoma

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Transesophageal echocardiography showing the aortic valve on long-axis views during systole (**Figure 1** – upper left) and diastole (**Figure 2** – upper right), and respectively on short-axis views during systole (**Figure 3** – lower left) and diastole (**Figure 4** – lower right). The papillary fibroelastoma attached to the right aortic valve leaflet is indicated by a dotted arrow.



REFERENCES:

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