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A 56 years old lady with intermittent chest pains, shortness of breath and palpitations

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A 56 year-old lady was referred to cardiologist with one month history of intermittent sharp chest pain, shortness of breath and palpitations. She has never smoked, drinks minimal amount of alcohol and has no history of recreational drug use. She has a past medical history of Raynaud's syndrome and anxiety. Clinical examination noted heart rate regular, 65 beats per minute, blood pressure 120/70 mmHg, normal heart sounds, clear chest and no pedal edema. ECG showed sinus rhythm at 61bpm with biphasic T wave in leads V1, V2, V3 and T wave inversion in leads V4, V5. 24-hour ECG noted ventricular ectopics. No pauses, heart blocks or arrhythmias were noted. Echocardiogram demonstrated an echogenic mass at the apical septal region, LVEF 55%, no valvular abnormalities. She was referred on for a cardiac MRI which demonstrated an apical septal mass with central heterogeneity (on enhancement) suggesting necrosis or fluid content. A full body CT and PET scan showed no primary or secondary disease elsewhere. The case was then referred on for discussion at the multidisciplinary team (MDT) meeting of regional tertiary heart center involving cardiothoracic surgeons, cardiologists and radiologists. The outcome was that this is likely a fibroma and surgery should not be contemplated due to the position of the tumor making this technically challenging. It was decided that a biopsy will not be pursued and that this patient will be observed regularly. Repeat echocardiogram 4 months after initial presentation noted similar findings to previous echo, demonstrating no change in size of the mass. Cardiac MRI repeated at 6 months from initial presentation confirmed that the septal mass size remained unchanged. One year after initial presentation echocardiogram showed similar findings to previous echocardiograms. She was put on 6-monthly surveillance with echocardiogram and yearly cardiac MRI. At present she is clinically stable.

Biography

Xuan Kai Koe has completed his graduation from The University of Manchester, UK. He subsequently went into foundation training at Lancashire Teaching Hospital for 2 years and then went into core medical training at Manchester Royal Infirmary for a year. Currently he is at Lancashire Teaching Hospital, completing his final year of core medical training. He has also obtained his Membership of Royal College of Physician (MRCP, London) in 2017.

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