


Diagnostic challenges of an atypical left ventricular mass

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A 45-year-old female with a history of cervical cancer 2 years ago with complete remission consulted for dysarthria associated with a decrease in the left visual field. A brain magnetic resonance imaging (MRI) was performed where the diagnosis of ischemic stroke was reached by images compatible with embolic lesions, for which she was admitted to the coronary unit.

The echocardiogram revealed normal ejection fraction and an intracavitary mass was observed in relation to the chordae tendineae, with an area of greater volume at the lateroapical level (26 × 19 mm), with at least three hypermobile portions: one apical and two at the subvalvular level, compatible with thrombus (Fig. 1A, B).

After 1 week with heparin treatment, the patient evolved with worsening neurological symp-

toms, and a new brain MRI showed new embolic-ischemic foci.

A heart MRI was performed, finding two isointense images, intracavitary in the left ventricle at the apical lateral level and another smaller one, at the level of the tendinous chords of the mitral valve (Fig. 1C, D).

It was believed that these images in the left heart could be related to previous cervical cancer, so an 18 fluorodeoxyglucose positron emission tomography/computed tomography was performed. This illustrated hypermetabolic lesions in the left ventricle (Fig. 1E, F), both lungs, liver, spleen and vertebrae. The patient was evaluated by the oncology service and is currently undergoing chemotherapy treatment. It was therefore concluded that the images, initially interpreted as thrombus, were secondary tumor implants.

Conflict of interest: None declared

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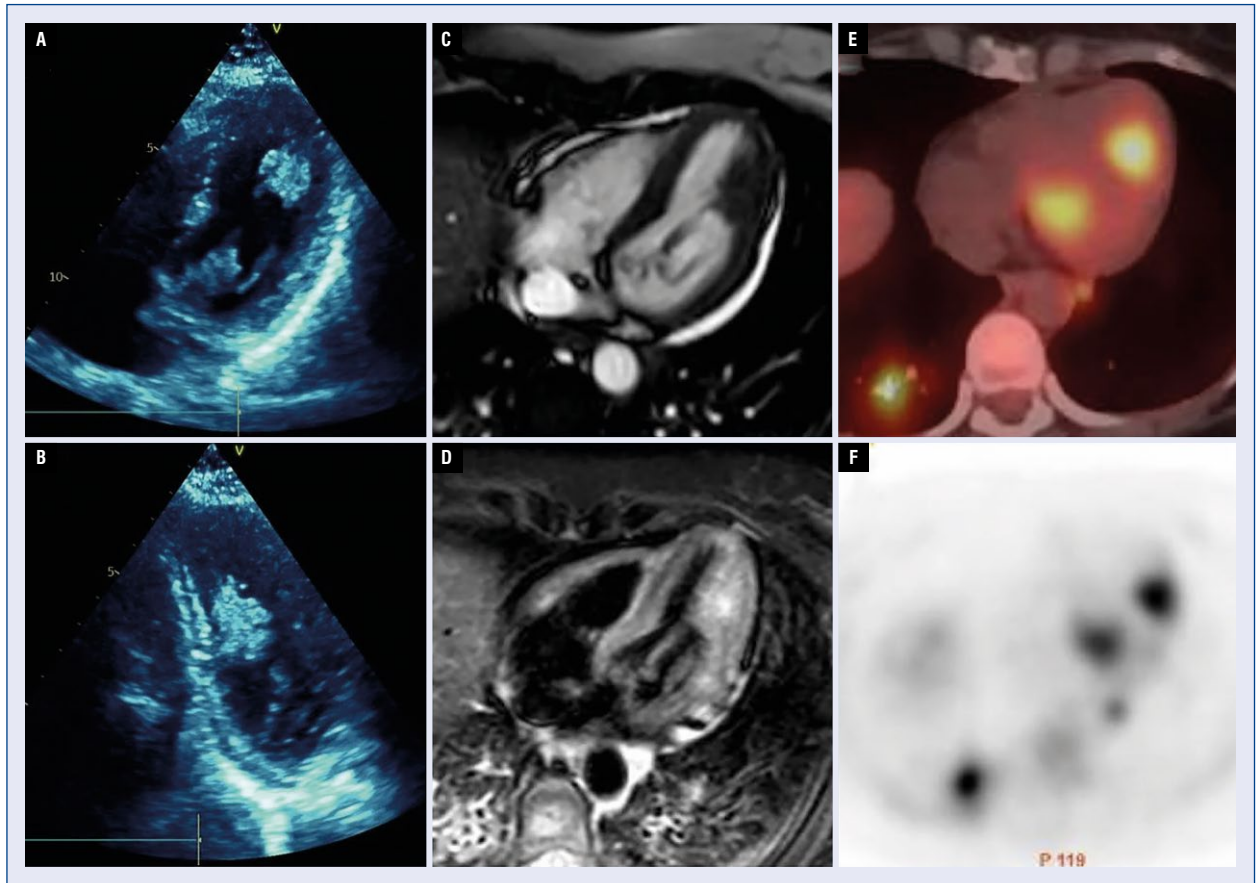


Figure 1. Imaging approach of intracavitary mass. Transthoracic echocardiogram; **A.** Four-chamber view; **B.** Three-chamber view, cardiac magnetic resonance; **C.** Four-chamber cine sequence; **D.** Four-chamber T2 STIR sequence; **E.** Cross section of the combined computed tomography and positron emission tomography image; **F.** Positron emission tomography with ^{18}F -fluorodeoxyglucose cross section at the thoracic level.