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**IMAGE** 

# Voluminous pseudotumoral lipomatous hypertrophy of the interatrial septum

Volumineuse hypertrophie pseudotumorale du septum interatrial

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KEYWORDS

Lipomatous hypertrophy; Interatrial septum; Cardiovascular magnetic resonance; Transoesophageal echocardiography

#### **MOTS CLÉS**

Lipome
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Septum
inter-auriculaire;
Imagerie par
résonance
magnétique
cardiaque;
Échographie
transœsophagienne

A 60-year-old asymptomatic man was referred for assessment of an intracardiac mass. He had a history of bladder cancer and surgery for subcutaneous lipoma. Computed tomography of the chest performed to evaluate bladder neoplasia extension showed a right atrial mass ( $6.8 \times 3.4\,\mathrm{cm}$ ; Fig. 1.1). Transoesophageal echocardiogram demonstrated a non-protruding intracardiac mass ( $5 \times 5\,\mathrm{cm}$ ; Fig. 1.2) localized within the interatrial septum but without extension to the foramen ovale. There was no sign of right atrial inflow obstruction. The workup was completed with cardiovascular magnetic resonance (CMR), which confirmed the diagnosis of typical lipomatous hypertrophy of the interatrial septum (LHSIA) showing a spontaneous hyper signal on T1- and T2-weighted black-blood spin echo images and no contrast enhancement after gadolinium injection (Figs. 1.3 and 1.4). The thickened tissue was extended to the posterior wall of the right atrium with a non-significant compression of the superior vena cava. Our heart team rejected the idea of surgery in this asymptomatic patient with an uncomplicated mass.

LHSIA is a benign process, with specific CMR patterns that confirm diagnosis without histological evidence. This entity is well described but under-recognized. Usually incidentally discovered, LHSIA has no specific treatment.

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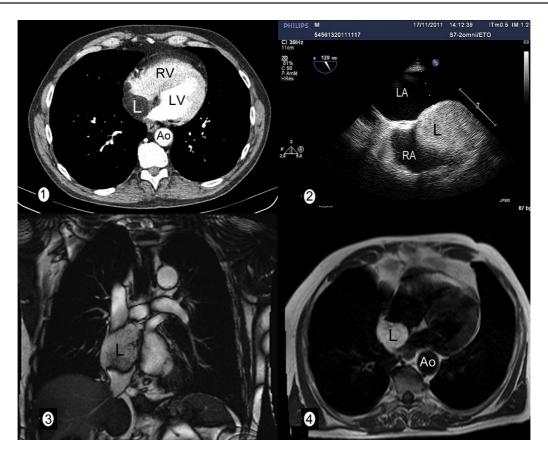


Figure 1. 1. Computed tomography scan of the chest. 2. Transesophageal echocardiography transverse view 120°. 3. CMR image: SSFP sequence in the coronal view. 4. CMR image: black-blood T1-weighted spin echo in the transverse view. Ao: aorta; L: lipoma; LA: left atrium; LV: left ventricle; RA: right atrium; RV: right ventricle.

### Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

## Appendix A. Supplementary data

Supplementary data (Video 1) associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.acvd.2012.05.013.