Asymptomatic Right Ventricular Cavernous Hemangioma

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A 55-year-old healthy man was referred to our hospital after a cardiac tumor was detected incidentally by echocardiography during a routine medical checkup. The patient was asymptomatic and had no particular medical and family history.

Echocardiography revealed an echogenic mass (14 mm × 15 mm) attached to the right ventricular posterior wall (Fig 1A). Further assessment by a 256-row computed tomography showed a well-defined solid mass in the right ventricle. Contrast medium administration showed inhomogeneous enhancement (Fig 1B). Coronary angiography revealed no significant coronary artery stenosis or tumor blushing. Clinical diagnosis of myxoma was made, and surgical treatment was indicated, avoiding the risk of embolization. Through a median sternotomy, cardiopulmonary bypass was started with ascending aorta and bicaval cannulation. The right atrium was opened longitudinally after cardiac arrest. There was a round-shaped mass at the posterior side of the ventricle that originated from the ventricular muscle (Fig 1C). The tumor was resected sharply en bloc with the attached cardiac muscle. The patient’s postoperative course was uneventful.

The resected specimen consisted of a reddish spongy mass (15 mm × 12 mm × 10 mm). Histology (hematoxylin-eosin staining) characterized a cavernous hemangioma with wide cavernous vascular spaces lined by endothelium (Fig 1D).

Fig 1.