Nonvalvular Papillary Fibroelastoma

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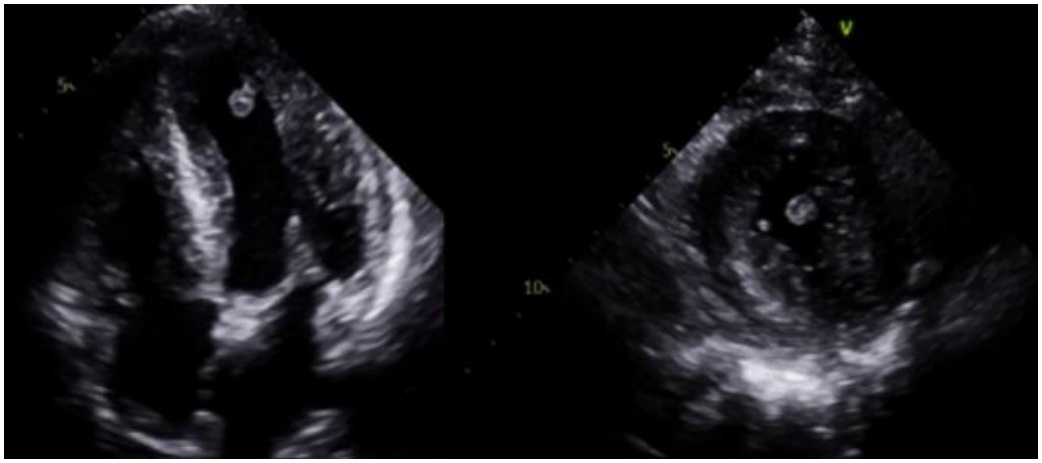
Background:

Primary benign cardiac tumors are rare, with papillary fibroelastomas (PFEs) being second most common after myxomas. More than 70% of PFEs originate from valvular endocardium, while nonvalvular PFEs are distinctly rare.

Case:

A 61-year-old female with history of hypertension was hospitalized for superior mesenteric occlusion. She was incidentally found to have a cardiac mass on transthoracic echocardiogram. The mass was round, mobile, and attached to a stalk originating from the lateral wall of the left ventricle. It measured 0.75 cm in diameter. There was preserved left ventricular function and no valvular abnormalities. She had no cardiac symptoms.



Decision-Making:

Primary cardiac tumor differential diagnosis in adults includes myxoma, lipoma, thrombus, and papillary fibroelastoma, among others. Given its small, mobile, and pedunculated appearance, papillary fibroelastoma was most likely. Cardiac MRI was utilized to better characterize the mass. It revealed an enhancing 0.6 cm pedunculated mass in the left ventricle, most consistent with papillary fibroelastoma. Cardiothoracic surgery was consulted with plans for outpatient follow up and consideration of surgical intervention.

Conclusion:

Papillary fibroelastomas are benign entities but should be considered for removal if they are symptomatic or have high-risk features including left-sided location, mobility, or size greater than 1 cm.