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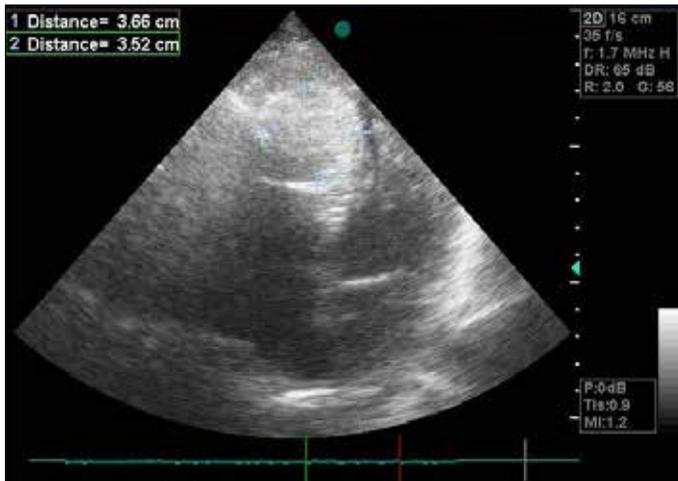
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## A rare interventricular mass like view-fibrosis

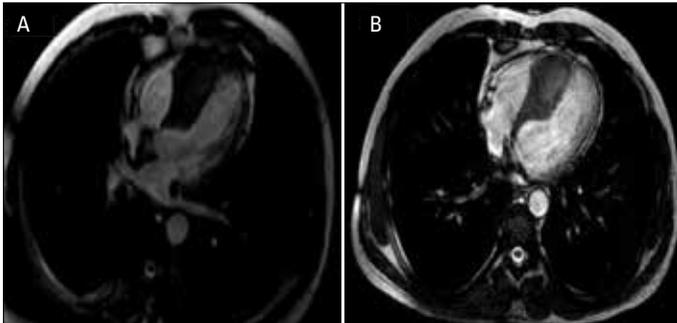


*Karıncıklar arası bölgede kitle görünümü veren nadir bir olgu-fibrozis*

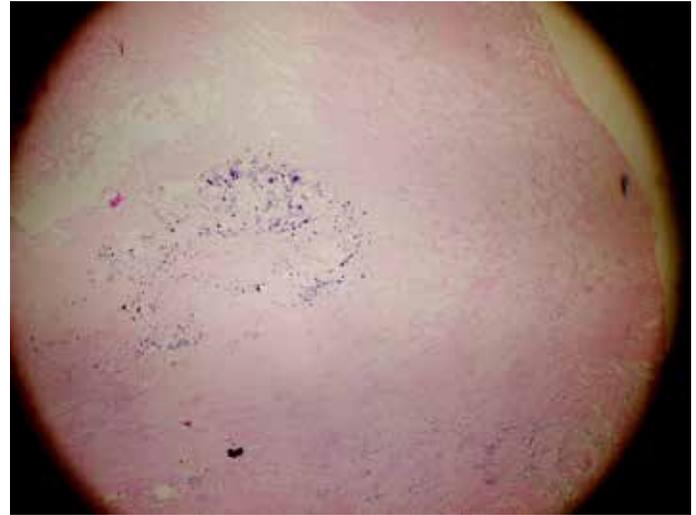
A 50-year-old man was diagnosed as acute ST elevation myocardial infarction and was treated with fibrinolytic therapy (streptokinase). After administration of thrombolytic therapy, transthoracic echocardiography showed depressed left ventricular ejection fraction (EF 35-40%), dilated right-sided chamber and interventricular calcified mass like view (3.66x3.52 cm) (Fig. 1, Video 1A, B. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Coronary angiography demonstrated 90% ostial stenosis of left anterior descending artery, 70% stenosis of left circumflex artery, and 80% stenosis of right coronary artery. The patient



**Figure 1.** Transthoracic echocardiographic apical four-chamber view of interventricular mass-like formation (3.66x3.52 cm)



**Figure 2A, B.** Cardiac magnetic resonance imaging view of interventricular mass-like formation (73x40x58 mm)



**Figure 3.** Pathological specimen of fibrosis (macroscopic)



**Figure 4. A-C.** Pathological specimens of fibrosis (microscopical)

was transferred to cardiothoracic surgery for coronary bypass surgery. Before operation, magnetic resonance imaging (MRI) was performed. MRI demonstrated interventricular isointense, immobile benign characterized mass (73x40x58 mm) (rhabdomyoma, fibroma) (Fig. 2A, B). During operation, biopsy specimens were taken by tricuspid route. After pathological evaluation, diagnosis was in the form of fibrotic, and non capsular formation, but not fibroma (Fig. 3, 4A-C).

Cardiac fibroma is a rare, benign tumor, which occurs especially in children and rarely in adults. Most fibromas occur in the free wall or septum of ventricles and may reach a huge size, which complicates surgical removal. Echocardiography is the common initial diagnostic test for the presence of a cardiac mass.

**Video 1A, B.** Transthoracic echocardiographic apical four-chamber views of interventricular mass-like formation

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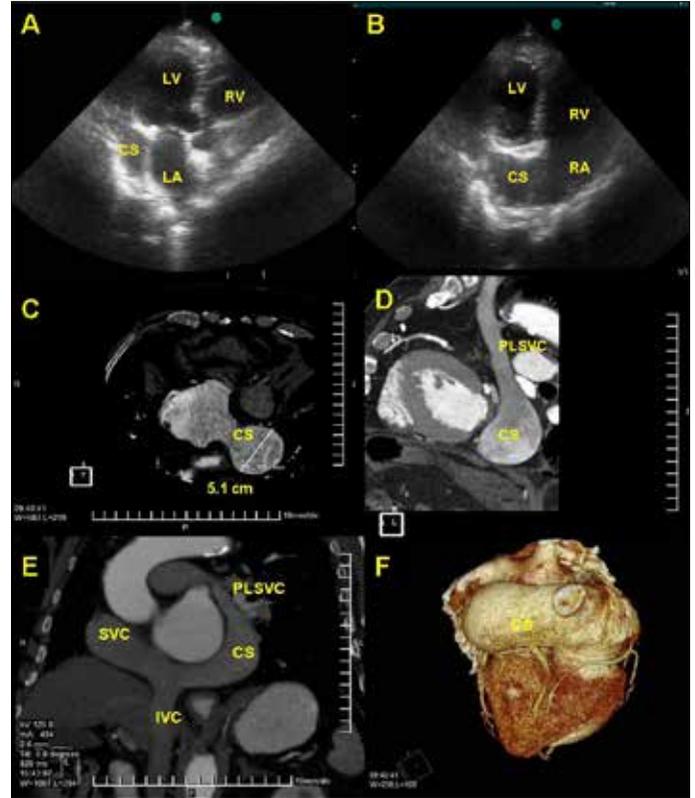
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## Persistent left superior vena cava associated with giant coronary sinus

### *Dev koroner sinüs ile ilişkili persistan sol vena cava süperiör*

A 70-year-old male patient was admitted to the cardiology outpatient clinic with complaint of shortness of breath during exertion. He had history of hypertension, permanent atrial fibrillation and coronary artery bypass graft surgery. Transthoracic echocardiography revealed normal findings except a severely dilated coronary sinus suggestive of a persistent left superior vena cava (PLSVC) in apical 4-chamber view (Fig. 1A, B., Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). Contrast study from the left antecubital vein showed prior contrast enhancement of this giant coronary sinus before the right atrium (Video 2. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). However, contrast study from the right antecubital vein showed prior contrast enhancement of the right atrium before the coronary sinus (Video 3. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). For further anatomical analysis of bypass grafts and possible associated anomalies, multislice computed tomography (CT) was performed. CT showed patent bypass grafts and the PLSVC draining into a giant coronary sinus (5.1 cm) (Fig. 1 C, D, E and F). The patient was prescribed by angiotensin-converting enzyme inhibitors, beta-blockers, warfarin, statins and diuretics. He was discharged and called for controls.



**Figure 1. A, B) Transthoracic echocardiography apical 4-chamber views of a severely dilated coronary sinus suggestive of a PLSVC. C, D) CT views of the PLSVC draining into a giant coronary sinus (5.1 cm) E) CT angiography view of the PLSVC, the giant coronary sinus, inferior vena cava, and the right superior vena cava. F) Reconstructed CT angiography image of the giant coronary sinus**

CS - coronary sinus, CT - computed tomography, IVC - inferior vena cava, LA - left atrium, LV - left ventricle, PLSVC - persistent left superior vena cava, RA - right ventricle, RV - right ventricle, SVC - superior vena cava

**Video 1.** TTE in the apical 4-chamber axis demonstrating shows a severely dilated coronary sinus suggestive of a PLSVC

PLSVC - persistent left superior vena cava, TTE - transthoracic echocardiography

**Video 2.** Contrast study from the left antecubital vein shows prior contrast enhancement of this giant coronary sinus before the right atrium

**Video 3.** Contrast study from the right antecubital vein shows prior contrast enhancement of the right atrium before the coronary sinus

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