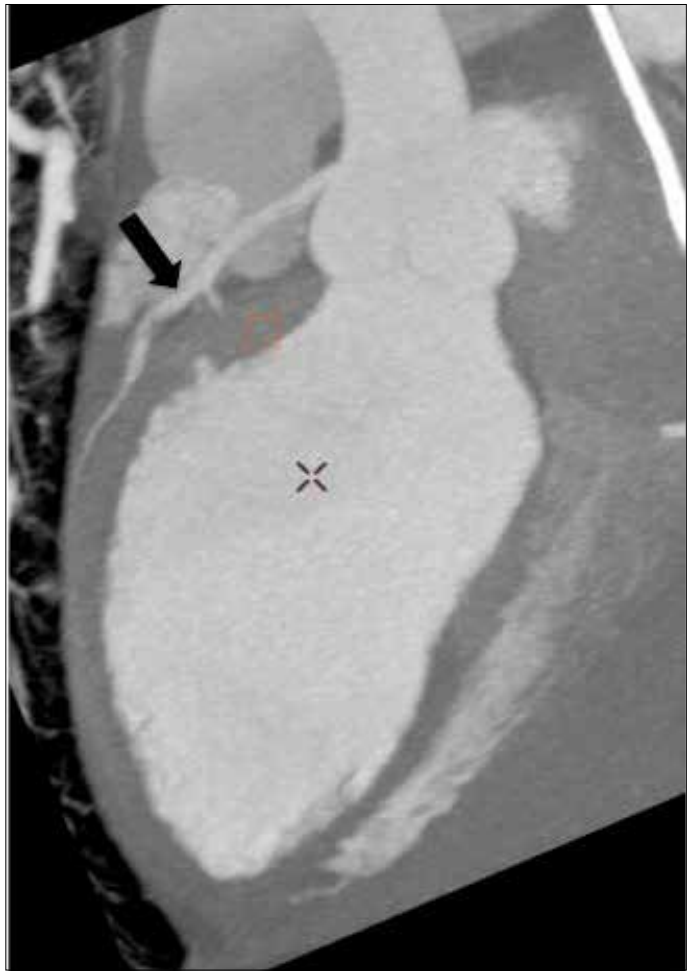

Figure 5. Contrast-enhanced ECG-gated multislice spiral computed tomography MIP image, demonstrates more proximal LAD (arrow) occlusion after disappearance of aortic mass
ECG - electrocardiogram, LAD - left anterior descending artery

Twelve days later control CT examination showed that ascending aorta and thoracic aorta were free of thrombus (Fig. 4). CT examination showed a new thrombus in the proximal segment of LAD (Fig. 5), which caused enlargement of perfusion defect effecting both apical and septal wall of left ventricle. There was severe hypokinesis in the mid and septal part of left ventricle consisted with LAD territory (Video 4. See corresponding video/movie images at www.anakarder.com).

Although there was no histopathology diagnosis of the mobile aortic mass, it is highly probable that it was an intra-aortic thrombus, which was broken away, causing a new more proximal embolus in LAD.

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Video 1. Cine-image two-chamber view shows akinesia in the left ventricle apex
Video 2. Cine-image shows, mobile mass attached to the wall of proximal ascending aorta with a thin stalk
Video 3. Cine-image shows the relation of the mass with left coronary artery, aortic valves. Note the mass is very mobile which may predict its potential to break away
Video 4. Four-chamber cine-image shows akinesia in the mid-septal region as well as apex. Apex and septum show hypodense subendocardium consisted with hypoperfusion

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Available Online Date/Çevrimiçi Yayın Tarihi: 21.02.2013

doi:10.5152/akd.2013.095

Interventricular septal cardiac hydatid cyst mimicking hypertrophic cardiomyopathy

Hipertrofik kardiyomiyopatiyi taklit eden interventriküler septal kist hidatik

A 27-year- old, male patient with nonobstructive hypertrophic cardiomyopathy was admitted to our clinic with exertional dyspnea. Physical examination and routine laboratory tests were normal. Transthoracic echocardiography revealed asymmetric septal hypertrophy (29 mm) with-

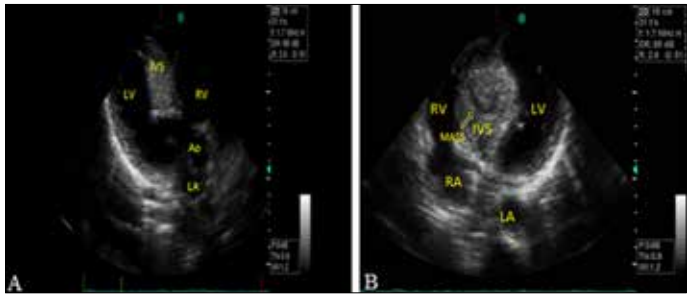

Figure 1. A) Asymmetric septal hyperthrophy was evident in transthoracic echocardiography, B) A mass surrounded by a hyperechogenic calcified membrane, containing a water-like fluid (arrow) was demonstrated by transthoracic echocardiography
Ao - aorta, IVS - interventricular septum, LA - left atrium, LV - left ventricle, RA - right atrium RV - right ventricle

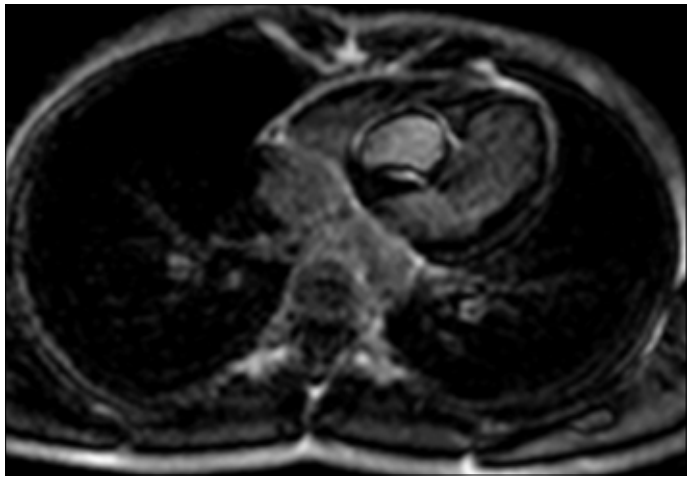

Figure 2. A cystic mass localized in the interventricular septum was demonstrated on cardiac magnetic resonance imaging

out gradient in the left ventricular outflow tract (Fig.1 A). A cystic structure encircled by a hyperechogenic calcified membrane compatible with cardiac hydatid cyst was demonstrated in apical four -chamber view (Fig. 1B). A cystic mass localized in the interventricular septum was demonstrated in cardiac magnetic resonance imaging (Fig. 2, Video 1. See corresponding video movie images at www.anakarder.com). Patient was operated with the diagnosis of cardiac mass of unknown origin. Histopathological examination of surgery specimen revealed diagnosis of hydatid cyst. Hydatid cyst rarely involves heart and particularly interventricular septum. The diagnosis of hydatid cyst of the interventricular septum is difficult because of clinical and radiographic findings may be lacking or nonspecific.

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Video 1. A cystic mass localized in the interventricular septum was demonstrated on cardiac magnetic resonance imaging

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Available Online Date/Çevrimiçi Yayın Tarihi: 21.02.2013

doi:10.5152/akd.2013.096