Anadolu Kardiyol Derg
2011; 11: E15-E18

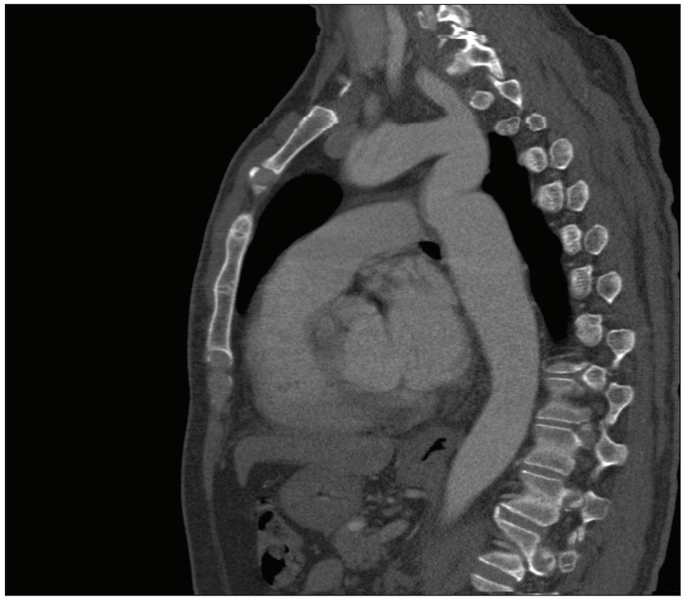

Figure 1. Computed tomography scan image of the kinking of the aorta

tography we erroneously considered that image as a significant aortic coarctation (Fig. 1). Since there was no significant hemodynamic gradient, medical treatment was advised.

Zeydin Acar, Adem Adar, Levent Korkmaz
Clinic of Cardiology, Ahi Evren Thoracic and Cardiovascular Surgery Training and Research Hospital, Trabzon-*Turkey*

Address for Correspondence/Yazışma Adresi: Dr. Zeydin Acar
Clinic of Cardiology, Ahi Evren Thoracic and Cardiovascular Surgery Training and Research Hospital, Trabzon-*Turkey*
Phone: +90 462 223 50 87 Fax: +90 462 231 24 20
E-mail: drzeydin@yahoo.com

Available Online Date / Çevrimiçi Yayın Tarihi: 18.05.2011

doi:10.5152/akd.2011.097

Incidental multislice computed tomography finding of a congenital submitral ventricular aneurysm

Çok kesitli bilgisayarlı tomografi ile rastlantısal olarak saptanan bir konjenital submitral ventrikül anevrizması

Congenital ventricular aneurysms do not have normal layers of ventricular wall, have paradoxical contraction, and they are connected to the main cardiac chamber with a broad neck. A subannular left ventricular aneurysm is very rare, and is mostly considered to be a congenital anomaly. We report on a case of congenital submitral left ventricular aneurysm that was detected with the use of 128-slice multidetector-row computed tomography (MDCT) and not visualized during echocardiography in a woman presenting with atypical chest pain.

A 49-year-old woman presented with atypical chest pain. Cardiac computed tomography (CT) was performed to rule out the presence of coronary artery stenosis. CT examinations were performed by a 128-slice CT scanner (Somatom Definition AS Plus 128, Siemens) with retrospective electrocardiographic gating. MDCT angiography showed absolutely normal coronary arteries. A CT scan showed the presence of an out-pouching structure that arose from the left ventricular outflow tract, just below the submitral annulus (Fig. 1). Volume-rendered images revealed that the orifice of this sac was located mainly just below the posterior cusp is of mitral valve (Fig. 2). Transthoracic echocardiography revealed normal left ventricular size and function without significant valvular disease. A submitral aneurysm was not seen on transthoracic echocardiography. The treatment and prognosis of congenital left ventricular aneurysm are determined by clinical status of the patient and any associated abnormalities. Medical follow-up was proposed for this patient.

Cardiac CT imaging using 128-slice MDCT was demonstrated as a reliable and noninvasive tool to detect this rare type of cardiac anomaly.

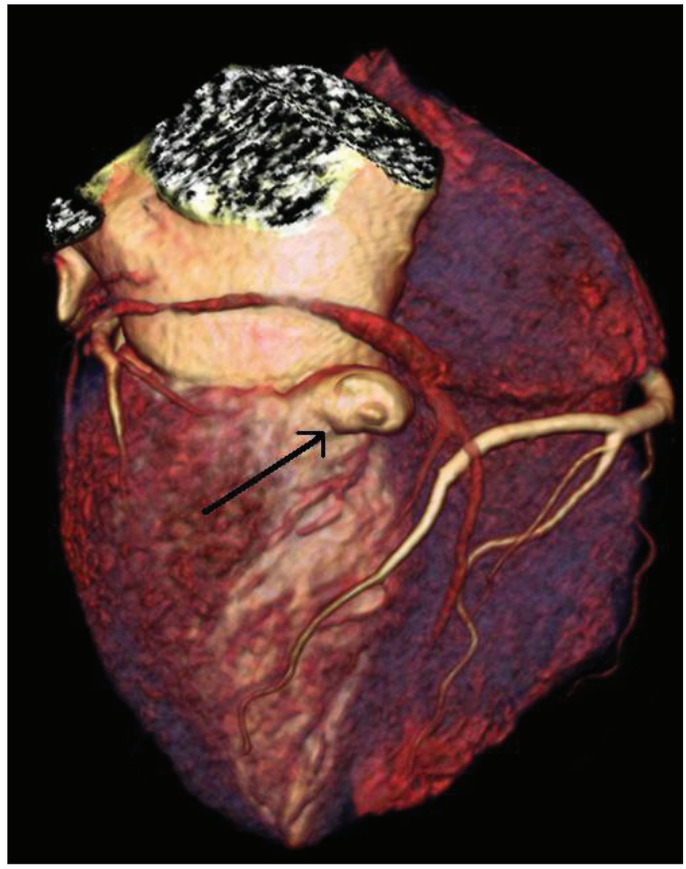

Figure 1. A 128-slice multidetector-row computed tomography view of the submitral left ventricular aneurysm (1.3x1.1 cm in size) (arrow)

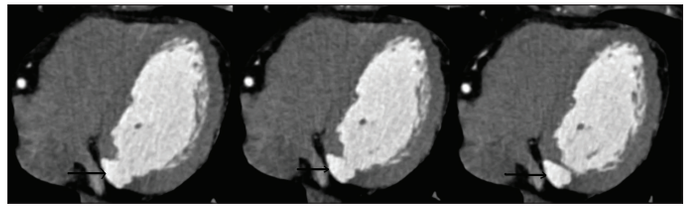

Figure 2. Axial CT images of the left ventricle in mid-diastole show an out-pouching structure (arrows) that originates from the left ventricular outflow tract
CT - computed tomography

Yasin Türker, Mustafa Kayan[1], Mehmet Munduz[1], Selçuk Yaşar[1], Mehmet Özaydın[2]
Department of Cardiology, Faculty of Medicine, Düzce University, Düzce,
[1]From Departments of Radiology, and [2]Cardiology, Faculty of Medicine, Süleyman Demirel University, Isparta-*Turkey*

Address for Correspondence/Yazışma Adresi: Dr. Yasin Türker
Department of Cardiology, Faculty of Medicine, Duzce University, Düzce-*Turkey*
Phone: +90 380 542 13 90 Fax: +90 380 542 13 87
E-mail: dryasinturker@hotmail.com

Available Online Date / Çevrimiçi Yayın Tarihi: 18.05.2011

doi:10.5152/akd.2011.098

Atrial angiosarcoma imaged by F-18 FDG PET/CT

F-18 FDG PET/CT ile görüntülenen atriyal anjiyosarkom

Sarcomas arising primarily in the heart are rare. Angiosarcoma is an extremely rare, most common primary cardiac malignant tumour. We report the F-18 fluorodeoxyglucose positron emission tomography (F-18 FDG PET) / computed tomography (CT) images of a patient with an invasive angiosarcoma arising from the right atrium. A 55-year-old woman with primary high-grade cardiac angiosarcoma underwent tumour resection at another centre was referred to our institution for postoperative F-18 FDG PET/ CT scans to assess the residual/metastatic disease. Preoperative magnetic resonance imaging revealed a 6.5x3.5-cm mass extending along the lateral wall of the right atrium surrounding the inferior vena cava and atria ventricular junction, extending to aortic root as well as into the right pericardium. Concomitant pericardial effusion was noticed. The debulking surgery was performed to remove the mass. Four weeks after surgery, the patient underwent the F-18 FDG PET/CT scans (1hour after the administration of 465 MBq F-18 FDG with the subject fasted for 6 h beforehand). Three-plane images (PET, contrast-enhanced CT and fused PET/CT in axial, sagittal and coronal projections) revealed a residual mass with significantly increased uptake of F-18 FDG (SUVmax of 16.4) in the right atrium measuring 5.0x4.5 cm in size (Fig. 1, Video 1, 2. See corresponding video/movie images at www.anakarder.com). There was no evidence of distant metastatic disease. The patient subsequently underwent chemotherapy regimen.

Still, primary cardiac sarcoma is a rare clinical entity, with an incidence of 0.0001% in collected autopsy series. The majority of patients with cardiac sarcomas presents with unresectable tumours and have a poor prognosis. Prognosis of primary cardiac angiosarcoma is generally poor with usually a short and fatal course: the mean survival for patients with primary cardiac angiosarcoma is 9-12 months following diagnosis. Treatment options for these sarcomas include surgery, chemotherapy, and radiation therapy, alone or in combination. Complete resection of cardiac sarcoma is difficult, in view of the location and extent of involvement. PET with F-18 FDG, an analogue of glucose, provides valuable functional information based on the increased glucose uptake and glycolysis of cancer cells and depicts metabolic abnormalities. F-18 FDG PET/CT acquires PET and CT data in the same imaging session and allows accurate anatomical localization of the lesions detected on the PET/CT scan.

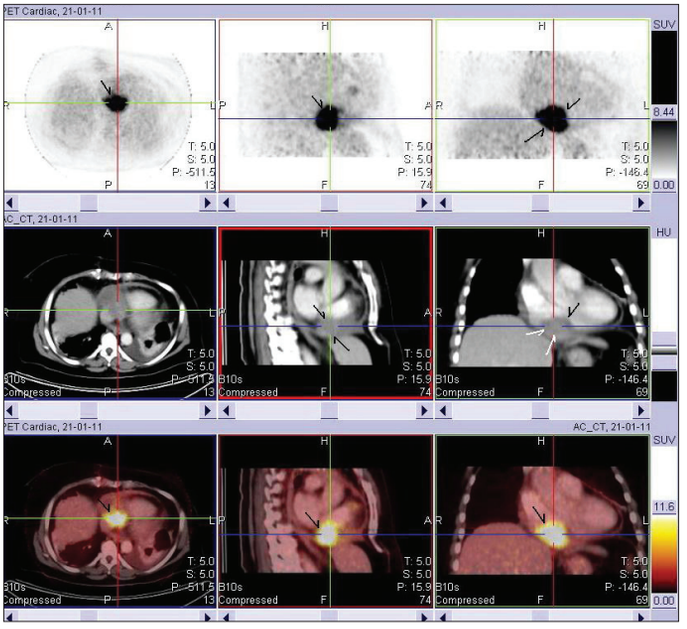

Figure 1. PET (top), contrast-enhanced CT (middle) and fused PET/CT (bottom) images in axial, sagittal and coronal projections of a residual mass in the right atrium
CT - computed tomography, PET - pozitron emission tomography

İlknur Ak, Öznur Dilek Çiftçi, Zeki Üstünel[1], Muammer Cumhur Sivrikoz*
From Departments of Nuclear Medicine and *Thoracic Surgery, Faculty of Medicine, Eskişehir Osmangazi University, Eskişehir
[1]Clinic of Oncology, Eskişehir Ümit Hospital, Eskişehir-*Turkey*

Address for Correspondence/Yazışma Adresi: Dr. İlknur Ak
Department of Nuclear Medicine, Faculty of Medicine, Osmangazi University 26480 Eskişehir-*Turkey*
Phone: +90 222 239 29 79 Fax: +90 222 229 11 50
E-mail: ilknur_ak@yahoo.com

Available Online Date / Çevrimiçi Yayın Tarihi: 18.05.2011

doi:10.5152/akd.2011.099

Naxos-Carvajal disease: a rare cause of cardiomyopathy with woolly hair and palmoplantar hyperkeratosis

Naxos-Carvajal hastalığı: Palmoplantar keratozis ve yünsü saç ile karakterli nadir bir kardiyomiyopati nedeni

Naxos-Carvajal disease is a rare autosomal recessive inherited disease characterized by a triad of ventricular dysplasia/dilated cardiomyopathy, woolly hair and palmoplantar hyperkeratosis. The pathological process is characterized by progressive loss of myocardial fibrils