



Hypertrophic Papillary Muscle Mimicking Mass in Right Ventricular Apex

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Twenty-nine year old man with a history of complete repair of Tetralogy of Fallot (TOF) at the age of 5 was seen at outpatient clinic suffering from exertional dyspnea. His blood pressure was 110/70 mmHg, pulse 82 beats per minute and respiratory rate of 16 breaths per minute. His oxygen saturation was 90 % under room air. Auscultation exposed a 3/6 systolic ejection murmur at the left sternal border. Electrocardiogram (ECG) showed sinus rhythm with right ventricular hypertrophy (RVH) and right bundle branch block (RBBB). The transthoracic echocardiography (TTE) was applied. RVH and stenosis of the right ventricular outflow tract (RVOT) with a pressure gradient of 45 mmHg were obtained. Mass shaped lesion was seen in right ventricular apex during TTE examination. Right ventricular papillary muscle hypertrophy was the final diagnosis after transeophageal echocardiography (TEE) and repeated TTE (Figure 1 and 2). Tetralogy of Fallot is the most common cyanotic congenital heart disease, consisting 10% of all congenital heart malformations. TOF includes four major component which are ventricular septal defect (VSD), overriding aorta, RVOT obstruction and RVH. Echocardiography is an indispensable method for organizing treatment and diagnosis of the disease.

ÖZET

Fallot Tetralojisi (FT) en yaygın görülen siyanotik konjenital kalp hastalığıdır. Ventriküler septal defekt (VSD), yüksek yerleşimli aorta, sağ ventrikül çıkış yolu darlığı ve sağ ventrikül hipertrojisinden oluşan dört bileşeni bulunur. Ekokardiyografi (EKO) hastalığın teşhis ve tedavisi için kullanılan vazgeçilmez bir yöntemdir. Burada sunulan 29 yaşındaki erkek hasta efor dispnesi nedeni ile polikliniğe başvurdu. Beş yaşında iken FT nedeni ile ameliyat olmuştu. Hastanın elektrokardiyografisinde (EKG) sağ dal bloğu ve sağ ventrikül hipertrofisi vardı. Yapılan transtorasik EKO sonucu sağ ventrikül hipertrofisi ve sağ ventrikül çıkış yolunda 45 mmHg gradyente sebep olan darlık tespit edildi. Sağ ventrikül apeksinde kitle benzeri yapı gözlemlendi. Yapılan transözofajiyal EKO sonucu bu yapının hipertrofik pailer adepole olduğuna karar verildi.

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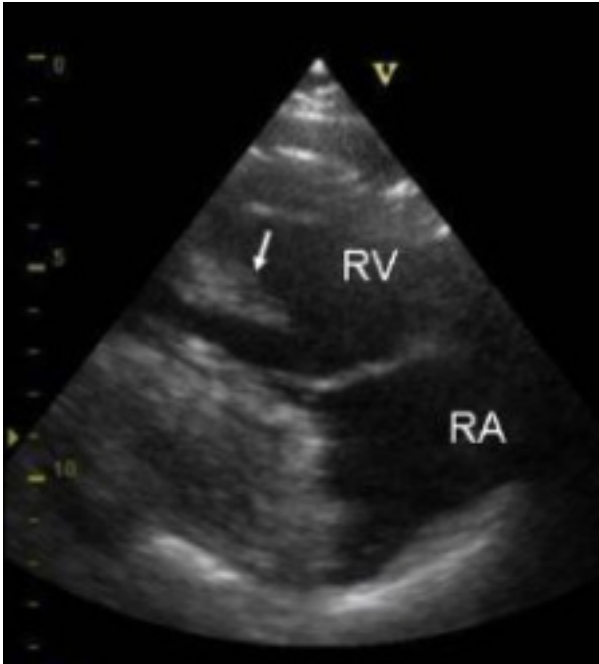


Figure 1. Parasternal long axis view demonstrating mass shaped hypertrophic papillary muscle in right ventricular apex. RA-Right atrium, RV-Right ventricle, White arrow- hypertrophic papillary muscle mimicking mass.

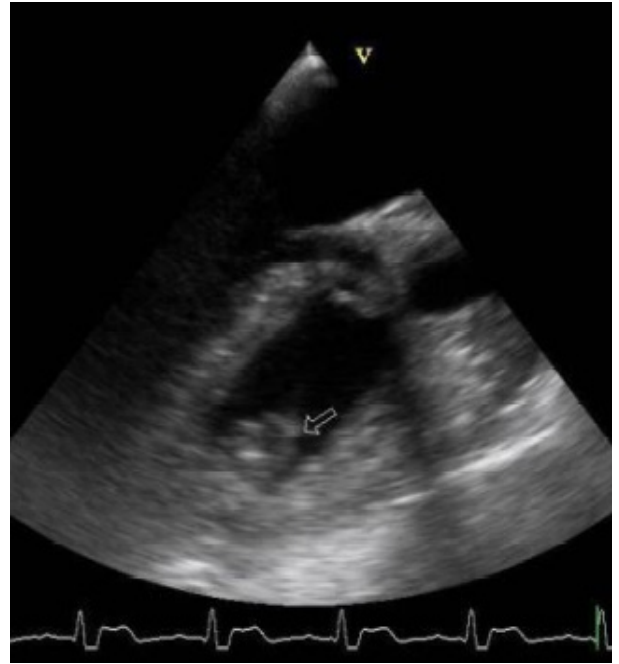


Figure 2. Transeophageal echocardiography. Hypertrophic papillary muscle mimicking mass in right ventricle apex (White arrow).