

Multiple cardiac rhabdomyomas

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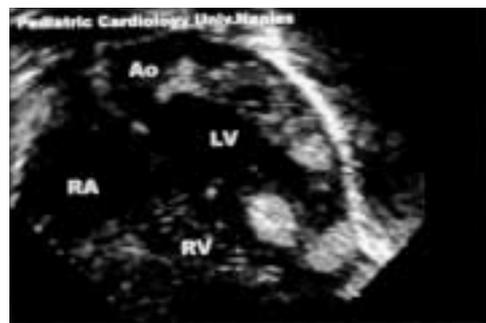
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One-day-old neonate was referred for cardiac evaluation of a harsh ejective systolic murmur at the cardiac base. Apart from this clinical finding, neither chest X-ray nor electrocardiogram showed any significant anomaly. At echocardiography, multiple cardiac masses, presumably rhabdomyomas in origin, were clearly imaged. These lesions were buried within the ventricular septum and free wall myocardium of both ventricles (Fig. 1A, B) and caused a moderate right ventricular outflow obstruction (peak pressure gradient of 40 mmHg), as recorded at

color Doppler analysis (Fig. 1C). Their echocardiographic appearance prompted us to suspect the diagnosis of tuberous sclerosis, although familiar history was negative and no other lesion was present. Based on this diagnosis we decided to clinically follow up the baby, planning surgery if any significant increase in the right ventricular outflow obstruction was recorded. According to the literature, these tuberous sclerosis lesions gradually disappeared during a mid-term follow-up, so completely relieving the right ventricular outflow obstruction.



A



B



C

Figure 1. A: echocardiographic subcostal left oblique view of the left ventricle showing multiple masses buried into the free ventricular wall and the base of the papillary muscle (asterisks). B: subcostal left oblique view of the right ventricle showing the lesions located at the papillary muscle-tricuspid valve junction and within the outflow tract (asterisks). C: parasternal short-axis view imaging a huge tumoral mass protruding into the right ventricular outflow tract (arrows) and causing a moderate obstruction, as clearly showed by color Doppler analysis. Ao = aorta; LA = left atrium; LV = left ventricle; PA = pulmonary artery; RA = right atrium; RV = right ventricle.