Abstract: 477

A case of a mitral valve blood cyst.

Authors:
M S Shehata¹, HS Abd El Gawad¹, RA Abayazed¹, E Elsharkawy¹, MA Abd El Hay¹, Psychological Assessment, Alexandria University, cardiology department - Alexandria - Egypt,

Topic(s):
Echocardiography: Masses and Sources of Emboli

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Background: Blood cysts of the heart are commonly reported at postmortem findings in infants. They regress spontaneously in most of the affected patients by the age of 6 months and are rare in adults. Most often, blood cysts within the heart occur on valves or supporting structures of the valve. Blood cysts are often asymptomatic but a few cases resulting in embolization and valvular dysfunctions have been reported.

Case presentation:

We report a case of asymptomatic 12 years old girl with no past medical or surgical history presented to our medical facility as a part of screening school programs. On examination pansystolic murmur was best heard on the mitral area with muffled first heart sound. Chest x ray and Electrocardiogram (ECG) were normal.2D Transthoracic echocardiography (TTE) and transesophageal echocardiography revealed a large cyst with small calcification attached to the anterior mitral leaflet: this cyst is seen attached to the chordae tendinae and tip of papillary muscle of the anterior mitral leaflet.Mild valve regurgitation was noted.Normal LV dimensions and normal systolic function.

Cardiac magnetic resonance imaging showed lobulated cystic mass in the left ventricle. The mass was isointense on T1 weighted sequence. It was hyperintense on T2 weighted sequence. The mass did not show contrast enhancement.

Conclusion:

Blood cysts are rarely reported, so there is no consensus or guidelines for the optimal management of asymptomatic cases. According to some case reports, depending on which area of the heart is affected, blood cysts may result in a variety of clinical phenomena, including embolism, valvular dysfunction and heart block. Therefore surgical resection should be considered in patients with symptoms or valvular dysfunction and resection is also suggested to rule out malignancy.
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Alexandria University, cardiology department - Alexandria - Egypt,

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