

Cardiac Mass

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Society for
Cardiovascular
Magnetic
Resonance

1 Background

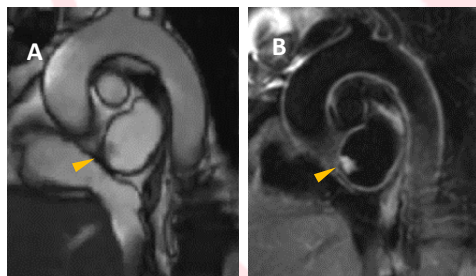
Cardiac masses can be benign tumors, malignant tumors (primary or secondary), and tumor-like conditions. Accurate diagnosing the etiology and recognizing any hemodynamic effects of the mass are important to guide appropriate therapy.

2 Why CMR

- High diagnostic accuracy due to excellent image resolution.
- Good image quality independent of body habitus.
- One-stop shop: morphology, function, and tissue characterization.
- No ionizing radiation.

3 Images

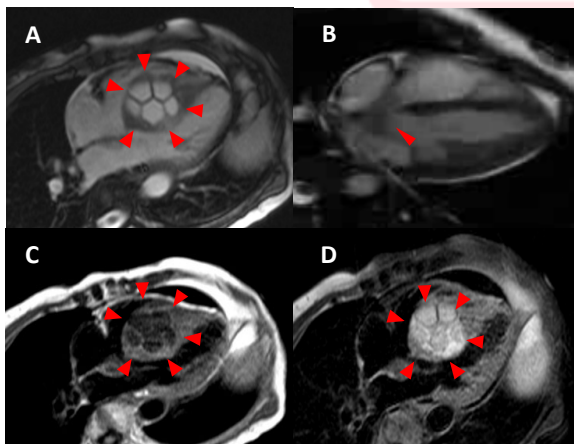
Myxoma



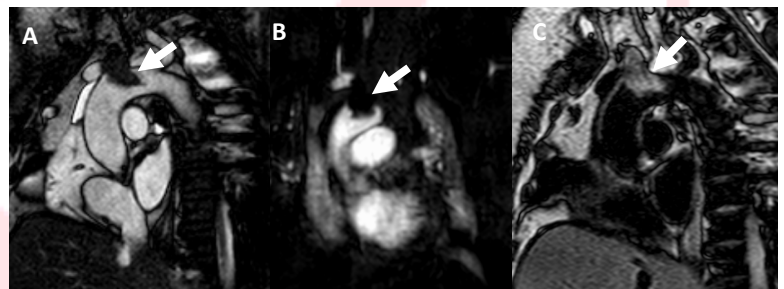
A mass found on (A) cine imaging showed (B) high intensity on T2-weighted imaging, consistent with myxoma.

Images provided courtesy of: Kana Fujikura
National Heart, Lung, and Blood Institute, NIH, MD, USA

Cystic Echinococcosis manifested as cardiac mass



Thrombus, not myxoma

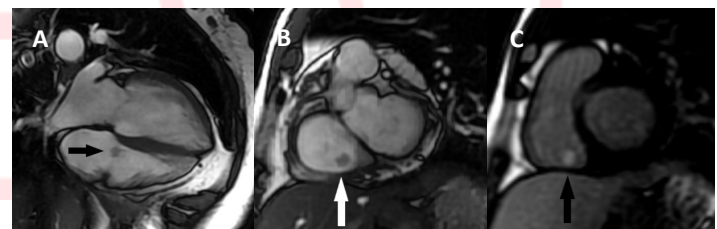


A mass in the aortic arch, entering and occluding the brachiocephalic trunk shown on (A) cine imaging and (B) MRA. (C) T1-weighted imaging was consistent with thrombus.

Cases of SCMR #19-02

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Papillary Fibroelastoma



A mass on the tricuspid valve was hyperintense on LGE.

Cases of SCMR #20-06 Rashid Al Umairi, Faiza AL Kindi

The Royal Hospital, Muscat, Oman

(A) multi-loculated cystic mass was embedded within the interventricular septum, occupying a majority of RV, and (B) causing obstruction of the RVOT. The mass was (C) hypointense on T1-weighted images, and (D) hyperintense on T2-weighted images, compatible with polycystic mass. Serologic immunofluorescent antibody testing was positive for *Echinococcus granulosus*.

Cases of SCMR #15-14

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4 Diagnostic Approach

