

'Foetus inside the heart'!! Large rhabdomyomas in the heart of a newborn

A full-term male newborn presented on the seventh day of life with breathlessness and refusal of feeds for 3 days. The baby was tachypnoeic and had respiratory distress, but was not cyanotic. Oxygen saturation was 90% on room air. On examination, there was a systolic murmur, cardiomegaly and features of heart failure. Chest X-ray showed bilateral lung congestion and cardiomegaly. Transthoracic echo was done, which showed multiple homogeneous non-pedunculated echogenic masses in both ventricles and interventricular septum. On apical four-chamber view, the mass in the left ventricle appeared like a 'foetus in

utero' (figure 1A–C, online supplementary video 1). Parasternal short-axis view revealed a patent ductus arteriosus (figure 1D). A diagnosis of cardiac rhabdomyomas was made.

Rhabdomyomas are the most common primary cardiac tumour in infants and children. They can exist entirely intramural or extend into the atrial or ventricular cavities. They are quite echogenic and are multiple homogeneous and well circumscribed. In contrast to thrombi, myxomas and vascular tumours, rhabdomyomas do not have echolucent areas indicative of haemorrhage or areas of calcification.

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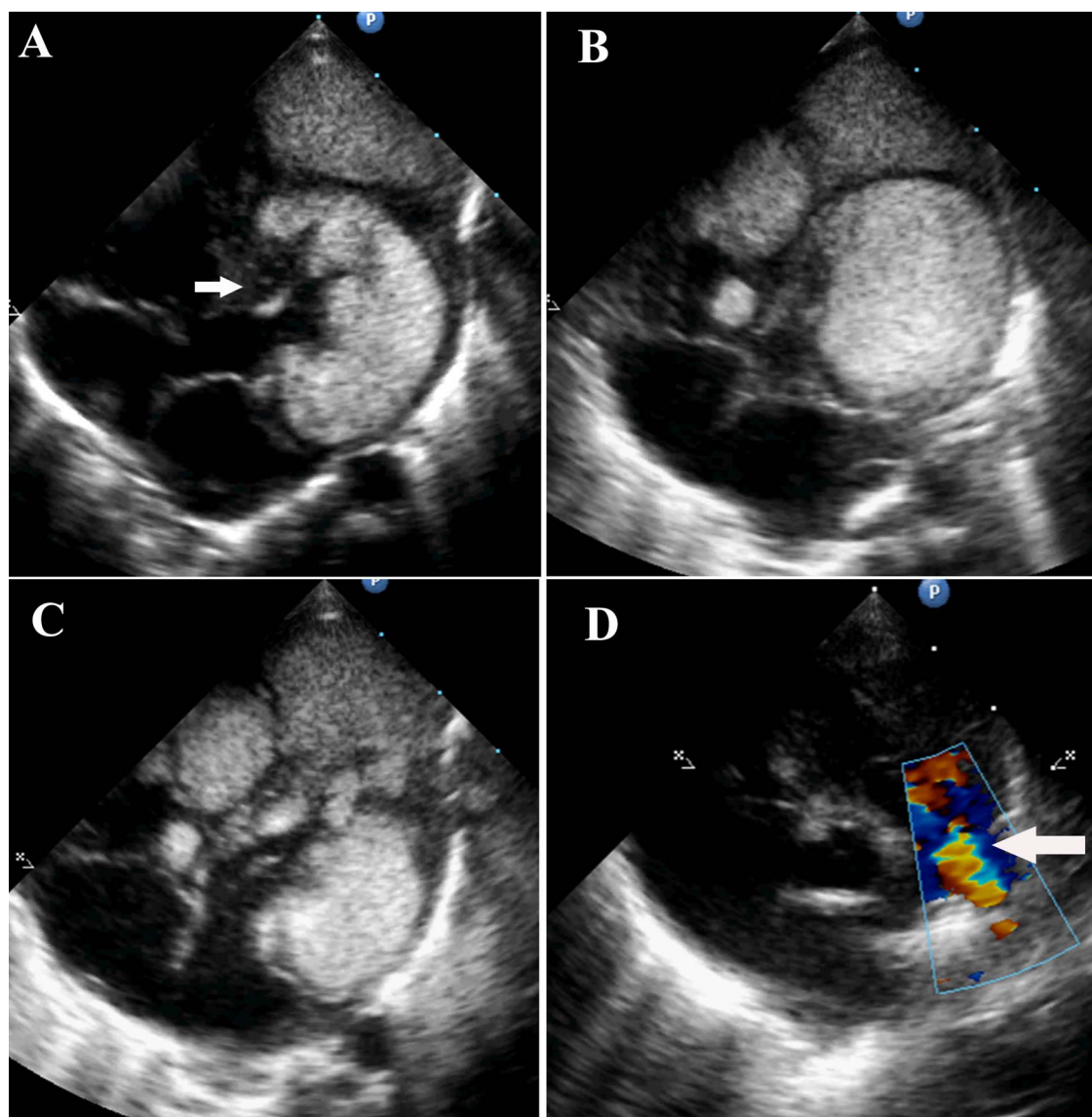


Figure 1 Transthoracic echocardiogram. (A) Apical four-chamber view, showing tumour mimicking appearance of foetus (arrow). (B) Apical four-chamber view: large tumours involving both ventricles and apex. (C) Apical four-chamber view: multiple tumours involving both cardiac chambers and interventricular septum. (D) Parasternal short-axis view showing continuous flow of patent ductus arteriosus (arrow).

revised it critically for important intellectual content. MNK is responsible for the final approval of the version to be published.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/heartasia-2013-010399>).

To cite Rajesh G, Sajeer KT, Krishnan MN. *Heart Asia* 2013;**5**:210–211. doi:10.1136/heartasia-2013-010399

Heart Asia 2013;**5**:210–211. doi:10.1136/heartasia-2013-010399