

## Image in cardiology

## Incidental finding of a giant cardiac lipoma

## Hallazgo incidental de lipoma cardiaco gigante

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Received 9 November 2022; Accepted 25 November 2022

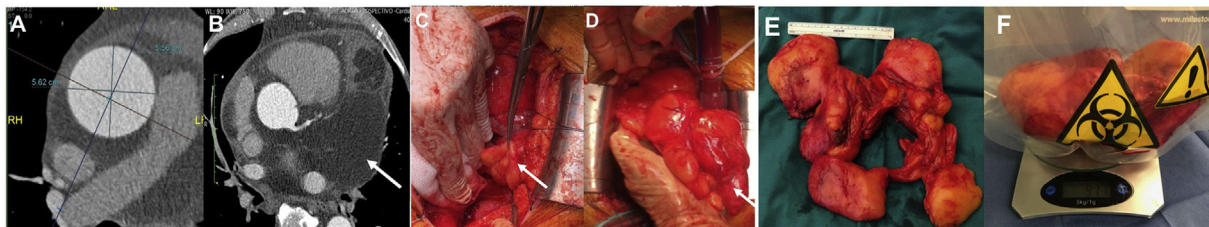


Figure 1.

A 70-year-old man with hypertension, obesity, and chronic obstructive pulmonary disease who underwent computed tomography after a traffic accident was found to have an aneurysm of the ascending aorta (AAA) (figure 1A) and a pericardial mass (figure 1B, arrow). Echocardiography revealed an AAA and an extrapericardial mass adjacent to the left ventricle, without evidence of tamponade. Magnetic resonance showed an AAA (53 × 57 mm) and a left pericardial mass (14.4 × 12.8 × 7.2 cm) composed of fat, which extended along the pulmonary artery and pulmonary veins. Computed tomography angiography demonstrated a large mass in the left costophrenic angle, with foci of fat necrosis, and an AAA (56 mm) with a preserved sinotubular junction.

The mass was biopsied via the fourth intercostal space; the results of the histopathological study were compatible with lipoma with areas of fat necrosis. Given these findings, the ascending aorta was replaced with a supracoronary tube and the mass was completely excised (figure 1C, D, arrow) under cardiopulmonary bypass; it weighed 917 g (figure 1E, F).

Postoperatively, the patient developed metabolic encephalopathy, which resolved without complications, and the clinical course was favorable. The histopathological study confirmed the diagnosis of cardiac lipoma.

Primary cardiac tumors are infrequent and are generally an incidental finding; 80% are benign. Cardiac lipoma represents 8.4% of these tumors; location may have an intracardiac (53.1%), pericardial (32.5%), or intramyocardial (10.7%). Despite their size, with some occupying two-thirds of the chest, most are asymptomatic, and compression of the heart causing tamponade or heart failure is infrequent. Once diagnosed, management entails tumor removal to avoid mechanical complications such as obstruction of the outflow tract, embolisms, arrhythmias, and tamponade, all potentially fatal.

The patient's consent was obtained for publication of the case.

## FUNDING

No funding was received.

## AUTHORS' CONTRIBUTIONS

All authors contributed to the drafting and revision of the article. A. Guevara-Bonilla wrote the article and performed the literature review and final revision. F.J. Valera-Martínez supervised the article drafting. J.B. Martínez-León revised the entire document.

## CONFLICTS OF INTEREST

There are no conflicts of interest.

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Available online 30 January 2023