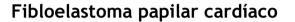


IMAGE IN CARDIOLOGY

Cardiac papillary fibroelastoma



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A 41-year-old man presented to the cardiovascular department with paroxysmal twinges in the left chest for three days. The initial chest radiograph, 12-lead electrocardiogram and laboratory findings were unremarkable. Transthoracic echocardiography revealed a 10.6 mm \times 8.3 mm mobile mass attached to the anterior mitral leaflet



Figure 1 Transthoracic echocardiography revealing a 10.6 mm \times 8.3 mm mobile mass attached to the anterior mitral leaflet.

[•] Corresponding author. *E-mail address:* lovingmylife@naver.com (G.S. Kim). (Figure 1). Because of the potential systemic embolic risk, the patient was referred for complete surgical removal. On operative inspection, the lesion was between the anterior mitral leaflet and primary chordae (Figure 2). A mitral valve repair (28 mm ring annuloplasty, triangular resection of the anterior leaflet and new chordae formation) with complete excision of the mass was undertaken. The mass had a sea-anemone appearance with frond-like projections after immersion in saline solution (Figure 3). The histopathologic examination confirmed a papillary fibroelastoma. The patient's postoperative course was uneventful. Six months after the operation, the patient's clinical findings were



Figure 2 On operative inspection, the lesion was between the anterior mitral leaflet and primary chordae.

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Figure 3 The mass had a sea-anemone appearance with frond-like projections after immersion in saline solution.

normal, without evidence of recurrence by transthoracic echocardiography.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.