

Technologist presentation

Revealing the etiology of a left ventricular mass using cardiac magnetic resonance

Tarek M Mousa*, Gorgi Kozeski, Khalid M Rizwan, Saji Abraham and Ola Akinboboye

Address: New York Hospital Medical Center of Queens, Flushing, NY, USA

* Corresponding author

from 13th Annual SCMR Scientific Sessions
Phoenix, AZ, USA. 21-24 January 2010

Published: 21 January 2010

Journal of Cardiovascular Magnetic Resonance 2010, **12**(Suppl 1):T5 doi:10.1186/1532-429X-12-S1-T5

This abstract is available from: <http://jcmr-online.com/content/12/S1/T5>

© 2010 Mousa et al; licensee BioMed Central Ltd.

A 59-year-old female with history of breast and ovarian CA was being evaluated because of an incidentally noted left ventricular mass on a routine follow-up breast MRI. Transthoracic and transesophageal echocardiograms detected a large pedunculated LV mass (6.4cm x 2.4cm) attached to the apex. A cardiac MRI was done to better characterize the mass. Spin echo weighted T1 and T2 sequences demonstrated a large cylindrical mass attached to the apex, nearly iso-intense with the myocardium that does not thicken with systole. Inversion recovery imaging sequence timed to null thrombus confirmed the mass to be a thrombus. Delayed enhancement imaging showed an antero-lateral-apical scar consistent with distal left anterior descending (LAD) artery infarct of the anterior left ventricular wall. The patient had no history of a prior MI and had no previous ischemic cardiac work up. Herein, we describe a rare case of an exceptionally large intracavitary thrombus overlying an apical infarct detected only by cardiac MRI in a patient with a probable hypercoagulable state from ovarian CA.