SHORT CASES IN CARDIOLOGY

An intrathoracic lipoma impairing left ventricular function

Catherine I A Jack, Martin E G Blohm, Michael Lye

An 81 year old man presented with dyspnoea. On examination he had bilateral basal crackles and peripheral pitting oedema. On the left lateral chest wall there was a firm, non-tender subcutaneous mass (5 cm in diameter). The patient claimed that this had been present for 15 years and had not grown.

The chest radiograph showed left basal consolidation and pulmonary oedema. The initial diagnosis was pneumonia with left ventricular failure. The patient improved with antibiotic and diuretic therapy. Echocardiography revealed a large echodense mass adjacent to but separate from the left ventricle, impairing its function. Computed tomography confirmed a large intrathoracic cyst alongside the left ventricle which seemed to communicate with the extrathoracic cyst on the left lateral chest wall (figure). The patient refused further intervention. On discharge his cardiac failure was well controlled but unfortunately he suddenly collapsed and died at home.

Necropsy confirmed a subcutaneous lipoma on the chest wall. Within the left thoracic cavity there was a separate lipoma measuring $19 \times 11 \times 9$ cm. The heart was otherwise normal.

Intrathoracic lipomas were first described in 1783.¹ Thoracic lipomas are usually asymptomatic and best detected by computed tomography or magnetic resonance imaging.² The possibility of a liposarcoma should be considered if the mass is not of uniform density on scanning.³ In our case the intrathoracic lipoma was detected only on the echocardiogram. Cardiac lipomas account for 8.4% of all cardiac tumours.⁴ Pericardial lipomas have also been reported. As far as we are aware, this is the first reported case of an intrathoracic, extrapericardial lipoma presenting as left ventricular dysfunction. Several cases of successful surgical resection of thoracic lipomata have been reported⁵ but our patient would not consider any intervention.

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- 4 Kunjilata A, van Hoven KH. Fatal lipoma of the heart. *Am J Cardiovasc Pathol* 1992;4:85-90.
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Department of
Geriatric Medicine,
Royal Liverpool
Hospital, Liverpool
C I A Jack
M E G Blohm
M Lye

Correspondence to:
Dr C I A Jack, Department
of Geriatric Medicine,
University of Liverpool,
PO Box 147, Liverpool
L69 3BX.

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CT scan showing the lesion
extending from the
mediastinum to the
thoracic wall. On this
section the lesion seems to
communicate with the
extrathoracic lipoma.
There is a small right
pleural effusion.