SHORT CASES IN CARDIOLOGY

Multiple cardiac rhabdomyomomas: tuberous sclerosis or not?

Orhan Uzun, Gina McGawley, Gillian A Wharton

A 27 year old woman with nine previous pregnancies was referred for a fetal scan. Family history revealed that her previous child and the father both had tuberous sclerosis. Tumours were detected antenatally; at 20 weeks' gestation a small mass was visible in the right ventricle and by 36 weeks' the right ventricular tumour had enlarged considerably, there were also small masses visible in the left ventricle. The rest of the pregnancy and the delivery were uncomplicated.

Postnatal examination showed a well neonate with no abnormal findings other than a soft systolic murmur in the pulmonary area. Cardiac ultrasound revealed multiple small sized tumours in the left ventricular apex, and at least four tumours in the right ventricle. The largest was a multilobed tumour located in the right ventricular apex causing mild infundibular pulmonary stenosis (figure). There were no other clinical markers of tuberous sclerosis at birth.

Six months later the child remained well, but patchy skin depigmentation typical of tuberous sclerosis had developed. His electrocardiogram was normal with no evidence of pre-excitation. Repeat echocardiogram showed good left ventricular function with regressing multiple rhabdomyomas in the left ventricle compared with the previous scan, but right ventricular masses, in particular the one in the right ventricular outflow, appeared to be larger. There was a Doppler estimated gradient of 40 mm Hg across the pulmonary infundibulum.

Discussion
Rhabdomyoma is the most common cardiac tumour in infancy and childhood. The majority of the tumours is multiple and most frequently located in the ventricular myocardium; at least half of them have intracavitary extension. Rhabdomyoma is regarded to be a hamartoma and not capable of mitotic division after birth; often tumour undergoes spontaneous regression postnatally.2 Treatment of rhabdomyoma is conservative, unless there are life threatening obstructions or arrhythmias surgery is not indicated.4 The diagnosis has major implications because of the strong association with tuberous sclerosis, particularly when the tumours are multiple. Detection of cardiac rhabdomyoma is now considered to be an important antenatal marker of tuberous sclerosis.5

Multiple cardiac rhabdomyomas: tuberous sclerosis or not?

O. Uzun, G. McGawley and G. A. Wharton

Heart 1997 77: 388
doi: 10.1136/hrt.77.4.388

Updated information and services can be found at:
http://heart.bmj.com/content/77/4/388.citation

Email alerting service

These include:
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections

Articles on similar topics can be found in the following collections

Drugs: cardiovascular system (8842)
Clinical diagnostic tests (4779)
Echocardiography (2127)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/