

Introduction:

Cardiac tumors are infrequent, occurring in only 0.0017% to 0.27% of autopsy cases, with cardiac hemangiomas being exceptionally rare, constituting just 1-2% of benign cardiac tumors. Diagnosis depends on imaging and histopathology, while surgery offers a favorable prognosis with low recurrence rates.

Case description:

An 84-year-old female with a history of hypertension, diabetes, ischemic cardiomyopathy, coronary artery disease status post coronary artery bypass grafting, postoperative atrial fibrillation, stroke, carotid artery stenosis treated with left carotid endarterectomy, and a patent foramen ovale (PFO) was evaluated for dyspnea with transthoracic echocardiography (TTE). It revealed a new mass on the anterior mitral leaflet, prompting hospitalization for suspected thrombus or vegetation. Subsequent transesophageal echocardiography revealed a smooth, homogeneous, highly mobile 1.2 x 0.9 centimeter left atrial mass attached at the base of the A3 segment of the anterior leaflet with a thin stalk that prolapsed through the mitral valve during diastole concerning for myxoma. Being a high-risk surgical candidate, she sought a second opinion for surgery. A cardiac computed tomography and coronary angiography were performed prior to surgery. She underwent PFO closure, mitral valve repair, and removal of the left atrial mass, which proved to be a hemangioma upon histological examination.

Discussion:

Cardiac hemangiomas can be symptomless or display nonspecific symptoms, complicating diagnosis. Detection relies on imaging, especially TTE, but misdiagnosis is common due to their rarity, highlighting the need for histopathological confirmation. Surgical removal is the preferred treatment with a positive outcome, emphasizing the importance of considering hemangiomas in cardiac mass diagnoses.