

PERICARDIAL LIPOMA: DIAGNOSED UNEXPECTEDLY DURING HEART FAILURE INVESTIGATION - CASE REPORT

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Introduction: Primary cardiac neoplasms have a low incidence, so they are considered rare in medicine. Lipomas account for 8.4%-10% of cases of these neoplasms. Although very common, cardiac localization is relatively rare, often constituting an autopsy finding.

Objective: To report the case of a patient with pericardial lipoma diagnosed unexpectedly during heart failure investigation with diagnosis definitive after surgery.

Case Description: A 65-year-old female patient was referred for preoperative evaluation of non-cardiac surgery. No cardiological complaints, however, she reported that in the last few weeks she was losing her appetite, weakness, postprandial fullness sensation and mastalgia. A personal history: positive serology for Chagas disease and hypertension. She was taking: Enalapril, Nifedipine, Hydrochlorothiazide, Amiodarone and had recently started use of spironolactone and digoxin prescribed due to X-ray chest changes.

Examinations: ECG: sinus rhythm with right bundle branch block. RX Thorax: global increase of the cardiac area. Echocardiogram: preserved LV function, cardiac chambers with normal internal dimensions and the presence of anomalous echoes filling the pericardial space, whose image suggested presence of "blood" and/or serous fluid in the process of organization. Evaluation by three teams of experienced echocardiographers, the diagnosis remained undefined. Tomography can't be performed because of allergy to iodine, and magnetic resonance wasn't available, so cardiac surgery was chosen.

Conclusion: Cardiac lipomas are very rare neoplasms. In general, patients are asymptomatic or with nonspecific symptomatology. Echocardiographic diagnosis is sometimes quite difficult. Surgical treatment is reserved for cases that bring discomfort or risk to the patient. In this case, the surgical procedure had therapeutic and diagnostic importance. This case demonstrates the importance of associating diagnostic methods for an accurate diagnosis. This patient was medicated and had side effects of the therapy, because the diagnosis was initially given only by the chest X-ray.

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