Congenital pericardial hemangioma responding to high-dose corticosteroid therapy

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A two-month-old male infant initially presented with respiratory distress secondary to respiratory syncytial viral infection. His chest x-ray showed evidence of cardiomegaly with normal pulmonary vascularity (Figure 1). Therefore, echocardiography was performed for evaluation of the enlarged cardiac silhouette. A pericardial mass was noted compressing the right atrium and obstructing diastolic filling of the right ventricle (Figure 2). Computed tomography and magnetic resonance imaging

confirmed the pericardial location of the mass, and there was significant superior vena cava compression. On cardiac angiography, medial compression of the right coronary artery was appreciated. Biopsy and pathological results were consistent with congenital pericardial hemangioma. High-dose steroid therapy was started and serial echocardiograms were requested to follow the size of the tumour. A repeat echocardiogram three months later showed regression of the tumour's size (Figure 3).

Figure 1) Chest x-ray showing evidence of cardiomegaly with normal pulmonary vascularity

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Figure 2) Echocardiography. Asterisk indicates a pericardial mass. RA Right atrium; RV Right ventricle

Primary cardiac tumours are rare, mostly benign, and with an estimated incidence between 0.001% and 0.03% at autopsy. Hemangiomas are extremely rare, comprising 5% to 10% of all primary cardiac neoplasms (1). Clinical presentation and symptoms depend on the size and anatomical location of the tumour. In the present case, the tumour was compressing the superior vena cava and right atrium with obstruction of right ventricular diastolic filling and the right coronary artery. Due to the proximity with the right

Figure 3) Repeat echocardiography. Asterisk indicates a pericardial mass. RA Right atrium; RV Right ventricle

coronary artery, surgical excision of the tumour was not feasible and the patient responded favourably to corticosteroid therapy with regression of the size of the tumour.

REFERENCE

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