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Images in Cardiology: Subaortic Stenosis Caused by Left Ventricular Outflow Tract Lipoma

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FIG. 1 (A) Transoesophageal echocardiogram (longitudinal view) showing a mass protruding from the interventricular septum, causing LVOT obstruction. (B) A low attenuation mass (arrow) over the LV shown on multi-slice computed tomography.

A 74-year-old man presented with palpitations and a systolic murmur over the aortic area. Transoesophageal echocar-

FIG. 2 Magnetic resonance imaging of the cardiac tumor (arrow) in the oblique sagittal view.

diogram revealed a 71×40 mm hyperechoic mass in the left ventricle near the left ventricular outflow tract (LVOT) causing LVOT obstruction with trans LVOT pressure gradient up to 68 mmHg. Computed tomography scan revealed fat containing soft tissue ($35 \times 47 \times 27$ mm) over the anterior, superior, septal site of left ventricle, with suspicious infiltration of the fat materials into the myocardium, just beneath the aortic root (Fig. 1). Magnetic resonance imaging (MRI) was performed using electrocardiographic gating, and the oblique sagittal view revealed a lobulated-contoured soft tissue approximately $25 \times 40 \times 20$ mm in the interventricular septum, protruding into the LVOT. The tumor, which showed high signal intensity compatible with fat tissue on time constant-weighted MR images, was determined to be a lipoma (Fig. 2).