with Dyspnea
68-year-old Man 6
8 Year-

Echo Image Conference
Lisa M Fleming

August 12, 2011
Case Presentation

shortness of breath for the last 2-3 days. 68 year old male is admitted to the hospital with orthopnea, cough, chest pain. • ROS: Positive for paroxysmal nocturnal dyspnea,
diabetes mellitus. Hypertension. Bladder cancer. several years ago. Hypercholesterolemia. Type two •PMHx: Coronary artery disease with bypass surgery
•SHx: 30 pack-year smoking history
Echocardiogram
Echocardiogram
What is the abnormality? What is the abnormality?

1. Atrial Myxoma
   interatrial septum
2. Lipomatous Hypertrophy of the
3. Atrial Rhabdomyoma
4. Atrial Mesothelioma
5. Atrial Fibroma
What is the Management?

1. Ablation
2. Surgical Removal
3. Holter Monitor
4. Weight Loss
5. Reassurance
Hypert
Of the InterAtrial Septum

- First described in 1964 from autopsy
- Benign, non-encapsulated fat mass infiltrate interatrial septum
- Adipocytes and atypical hypertrophied myocytes
- Spares the fossa ovalis making a “dumbbell” shape
- Diagnose with Echo, CT, or MRI
- Incidence 1-8% (2.2% in study using CT)
- Increases with body mass and age

Lipomatous Hypertrophy
Management

• Occasionally cause arrhythmias requiring anti-arrhythmics
• Rarely encases vasculature and needs to be removed because of hemodynamic compromise inactivity.” {Nadra, I et al. Heart 2004} • “Rapid diagnosis, reassurance, and masterly
References


I Nadra, D Dawson, S A Schmitz, P P Punjabi, P the interatrial septum: a commonly misdiagnosed mass often leading to unnecessary
cardiac surgery. Nihoyannopoulos (2004) Lipomatous hypertrophy of