Cardiac Tumor-Like Mass in a Patient With Systemic Vasculitis
Masahiko Hara, Masami Nishino, and Yoshio Yamada

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A 75-year-old woman was referred to our institution for fatigue and weight loss. Laboratory data demonstrated elevated inflammatory indexes. Echocardiography revealed an isoechogenic mass in an interventricular septum (A and B, Online Videos 1 and 2). The patient developed a complete atrioventricular block, resulting in sudden cardiac death. Autopsy demonstrated a white tumor-like mass (C) and massive inflammatory fibrotic changes (D, left side) in the lesion. Systemic necrotizing vasculitis of small arteries throughout the body and elevated perinuclear antineutrophil cytoplasmic antibody of post-mortem blood sample reached the diagnosis of microscopic polyangiitis-type necrotizing vasculitis with inflammatory involvement of interventricular septum and right aortic valve. Cardiac involvement of vasculitis that leads to mass formation is extremely rare. Because available treatments such as glucocorticoids can improve the outcome of vasculitides, we believe all physicians should include systemic vasculitides in the list of differential diagnosis in treating patients who present with a similar cardiac tumor-like mass. Ao = aorta; LA = left atrium; LV = left ventricle; RA = right atrium; RV = right ventricle.
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