Paraganglioma (PGL) is an exceedingly rare intracardiac tumour. This 44-year-old woman presented with dyspnoea and was found to have a space-occupying lesion in the left ventricular chamber (Fig. 1). The main supply to the tumour was from the left anterior descending coronary artery (Fig. 2). Histologically, the tumour had uniform bland polygonal cells with no mitotic activity (Fig. 3). The patient has had no recurrence 12 months after excising the tumour.

Cardiac PGLs most commonly arise within the pericardium. They may be overlooked because most patients do not have typical signs and symptoms. The typical triad of symptoms (headache, sweating and palpitation) occurs infrequently. A recent study of 201 patients with PGL by Gopalakrishnan et al. showed that only 10% of patients present with this classic triad of symptoms. Karabinos et al. suggested that clinical suspicion for PGLs should remain even in the absence of classical symptoms. Between a quarter and a third of PGLs have a familial aetiology.

REFERENCES

FERIDOUN SABZI
REZA FARAJI
Preventive Cardiovascular Research Centre
Kermanshah University of Medical Sciences
Kermanshah
Iran
r.faraji61@gmail.com