Left ventricular paraganglioma

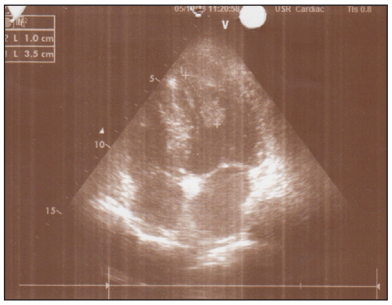

FIG 1. Four-chamber echocardiography revealed a tumour in the apex of the left ventricle

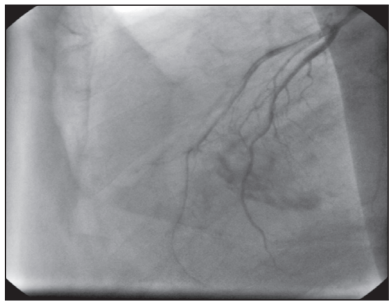

FIG 2. Angiogram shows the feeding artery arising from the left anterior descending artery

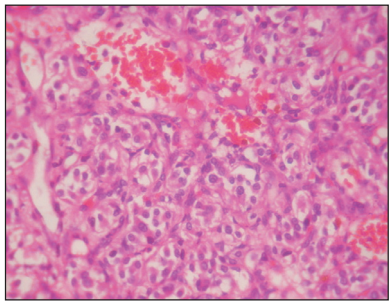

FIG 3. Photomicrograph shows nests of uniform bland polygonal cells with no mitotic activity, and vascular septa (H&E, ×200)

Paraganglioma (PGL) is an exceedingly rare intracardiac tumour.[1] 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.[2] 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.[3] 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.[4]

REFERENCES

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