A Case of Recurrent Cerebrovascular Accident in the Setting of Cardiac Papillary Fibroelastoma.

Jahangir Khan MD
Lehigh Valley Health Network, Jahangir.Khan@lvhn.org

Matthew Sullivan DO
Lehigh Valley Health Network, Matthew.Sullivan@lvhn.org

Amy M. Ahnert MD
Lehigh Valley Health Network, Amy_M.Ahnert@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/medicine
Part of the Medical Sciences Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Cardiac papillary fibroelastomas are benign tumors characterized by myxoid degeneration and are a known risk factor for embolic events including TIA, stroke and myocardial infarction. Recent literature claims that they may in fact be more common than cardiac myxoma, but are usually discovered postmortem.1,2,3

A Case of Recurrent Cerebrovascular Accident in the Setting of Cardiac Papillary Fibroelastoma

1Jahangir Khan, MD, 1Matthew Sullivan, DO, 2Amy Ahnert, MD
1Department of Internal Medicine, 2Department of Cardiology, Lehigh Valley Health Network, Allentown, PA

CASE PRESENTATION

A 65 year old female with past history of paroxysmal atrial fibrillation on apixaban, hypertension, hyperlipidemia and TIA presented with encephalopathy and aphasia. Apixaban had been held for two doses for a dental procedure. Brain MRI revealed three diffuse bright foci in the right temporal and left parietal lobes. Her echocardiogram showed no embolic source. She restarted apixaban, but presented approximately two weeks later with dizziness. Repeat MRI revealed a new acute infarction in the right splenium of the corpus callosum. This was attributed to apixaban failure and she was switched to dabigatran. Transesophageal echocardiogram later revealed multiple echodense masses on mitral and aortic valve leaflets. Further work-up ruled out vascular occlusive disease, atheromatous disease, infectious endocarditis, rheumatologic and hypercoagulable disorders. She underwent aortic and mitral valve exploration with excision of tumors from both valves. Surgical pathology revealed fibrotic tissue with focal areas of myxoid degeneration and micropapillary structures; consistent with papillary fibroelastoma.

RESULTS

Figures A and B show T2 signal intensity located in left parietal lobe. Figure C shows T2 signal intensity located in right temporal lobe. Figure D shows acute infarction in the right splenium of the corpus callosum. Figures E and F show transesophageal echocardiographic view of echodense small masses on mitral valve leaflet.

DISCUSSION

• Cardiac papillomas are benign tumors that may be more common than previously thought.
• This case demonstrates the importance of including cardiac papillary fibroelastoma in the differential diagnosis of cryptogenic and recurrent stroke, especially in patients on systemic anticoagulation with target-specific oral anticoagulants.
• Although benign tumors, early detection of papillary fibroelastomas is crucial to prevent potential secondary complications.

References: