

## Picture Story

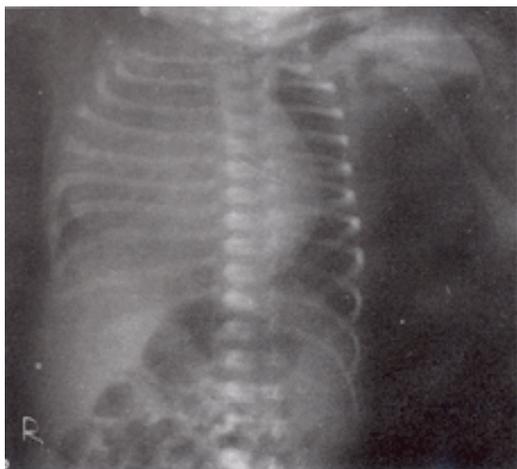
### **Massive cardiomegaly in a neonate**

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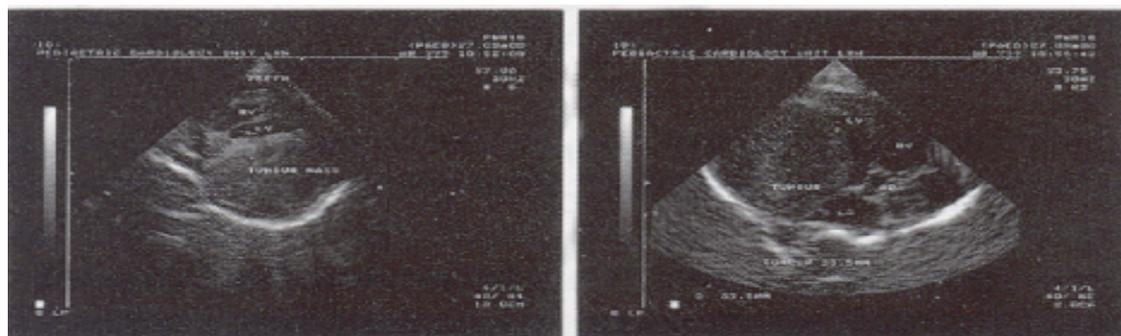
(Key words: massive cardiomegaly, neonate)

A one day old term neonate weighing 2.8 kg. was transferred to our unit from Puttalam with respiratory distress and cyanosis. He had no cardiac murmurs and no features of heart failure. The chest x-ray revealed massive cardiomegaly (Figure 1).



**Figure 1.** Chest x-ray revealed massive cardiomegaly

An echocardiogram showed a large mass 3.5 cm in diameter arising from the posterior wall of the left ventricle obliterating the cavity. There was a small pericardial effusion as well (Figure 2).



**Figure 2.** Echocardiogram \_ large tumour mass filling the cavity of the left ventricle

The above findings were suggestive of a cardiac tumour such as a rhabdomyoma. He had no cutaneous stigmata suggestive of tuberous sclerosis nor did his parents. He improved with symptomatic treatment and was discharged home but was lost to follow-up.

Primary tumours of the heart are rare in infancy and childhood. They are usually benign. The clinical manifestations depend primarily on the location and histologic type of the tumour. The commonest benign tumours in children are rhabdomyomas, fibromas and myxomas. Most rhabdomyomas are seen in infancy.

Rhabdomyomas occur as nodules embedded in chamber walls and can remain clinically silent or even regress with age. They may cause mechanical obstruction, heart failure or arrhythmias. Some are familial and found in association with tuberous sclerosis.

Asymptomatic tumours can be observed whilst large ones causing problems should be removed even though this could be technically difficult due to insufficient normal myocardium. Cardiac transplantation may be the only recourse for such patients.

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