Cardiac fibroma in a neonate

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A 1-week-old boy with a prenatal diagnosis of a cardiac mass underwent a cardiac MRI examination, which showed a large mass arising from the lateral wall of the left ventricle. This mass was isointense on T1-W and slightly hyperintense on T2-W images compared to the adjacent myocardium. On post-contrast dynamic MRI, the mass showed no substantial contrast enhancement on the early phase image (Fig. 1, *arrows*). On the delayed image, avid peripheral contrast enhancement (Fig. 2, *arrows*) of the mass with a hypointense core is seen (*curved arrow*).

Cardiac fibroma is the second most common childhood cardiac tumor [1]. Although benign, patients may become symptomatic due to arrhythmias, valvular dysfunction, or blood flow obstruction. Cardiac fibromas are firm masses

Fig. 1 Coronal post-contrast MRI

Fig. 2 Coronal post-contrast MRI 10 mins after contrast media administration

typically originating in the ventricular septum or ventricular free wall. A variable degree of peripheral contrast enhancement of the mass associated with a hypo-intense core, which reflects the area of reduced vascularity, is a characteristic MRI finding, as seen in our case. Although complete surgical resection is the preferred choice of management in symptomatic children [2], our patient was asymptomatic and is currently being carefully observed.

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