

Title: Intrapericardial lipoma, a case report.

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Clinical Presentation: A 70-year-old man consulted the emergency department for progressive dyspnea (NYHA III/IV) and lower limb edema. He was only known to be a type II diabetic with no other medical history. He had mainly symptoms of chronic lower back pain but denied constitutive symptoms or fever. However, he appeared cachectic (weight = 56.7kg, BMI=17.5).

Upon arrival, the ECG showed rapid atrial fibrillation (136 bpm), his blood pressure was normal (110/80), he was afebrile and had a normal respiratory rate. The physical exam was unremarkable except for lower limb edema, distended jugular veins and muffled heart sounds.

Imaging Findings: Cardiomegaly was noted on the chest X-ray. Transthoracic echocardiogram showed normal biventricular function and mild to moderate mitral, tricuspid, and aortic insufficiency. There was massive pericardial effusion (up to 70 mm) containing large pericardial masses (up to 65x40 mm). The inferior vena cava was dilated to 24 mm and non-collapsible. Computed tomography was then obtained to further characterize the lesion as a slightly heterogenous multilobulated with density compatible with fat. On cardiac magnetic resonance, there was no myocardial or mediastinal extension. The mass only slightly compressed the lower pulmonary veins. Based on imaging, our main working diagnosis was that of an intrapericardial lipoma. PET-CT was then obtained and did not show hypermetabolism of the intrapericardial lesion nor any distant metastasis. Anatomopathological analysis of the mass revealed a 620 g mass which contained mainly fibro-adipose tissue compatible with a pericardial lipoma.

Summary/Discussion Points: Primary tumours of the pericardium are exceedingly rare. Pericardial lipoma can be associated with massive pericardial effusion and heart failure. This case shows that multi-modality imaging is complementary in defining the type of such masses, their extra-cardiac extension, and their aggressiveness (benign vs malignant).

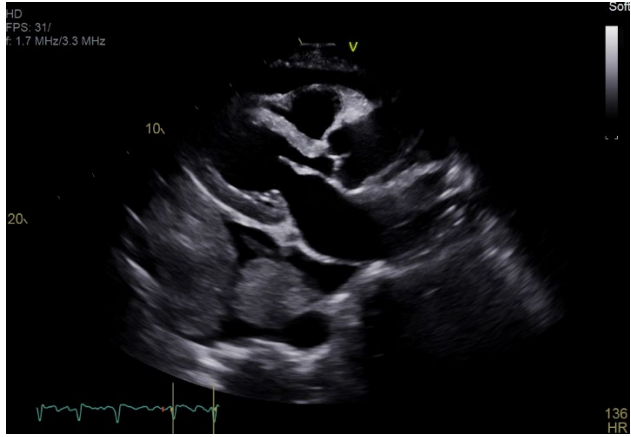


Figure 1. Transthoracic echocardiogram showing massive pericardial effusion up to 35mm facing the RV and up to 70mm infero-laterally. Pericardium contained multiple masses measuring up to 65 x 40mm.