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CARDIOVASCULAR FLASHLIGHT

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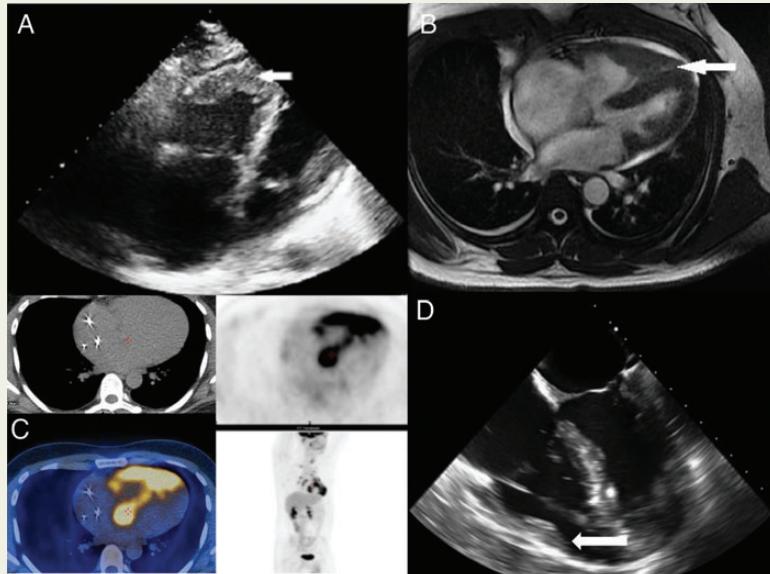
Right ventricular mass: a rare presentation of cardiac sarcoidosis

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Illustrative images from a patient with a large right ventricular mass secondary to cardiac sarcoidosis primarily involving the right ventricle (RV). A 33-year-old male was referred for assessment after presenting with a 10-day history of dyspnoea on exertion with associated dizziness and was found to be in complete heart block with a ventricular escape rhythm. Endomyocardial biopsy demonstrated non-caseating granulomata suggestive of sarcoidosis. Advanced imaging modalities including ¹⁸FDG PET and MRI imaging demonstrated not only the extent of cardiac involvement but additionally, active cardiac and non-cardiac active inflammation. This is the first case to demonstrate an RV tissue mass due to extensive sarcoid involvement with corroborating evidence on ¹⁸FDG PET and MRI imaging. Panel A: Transthoracic Echocardiogram with an apical four-chamber view showing marked right ventricular free wall and apical thickening. Panel B: Cardiac MRI (4CH Fiesta gated) demonstrating an ovoid mass-like area of soft tissue thickening involving the mid RV-free wall measuring 5 × 1.7 cm. Panel C: ¹⁸FDG PET scan using the cardiac sarcoidosis protocol demonstrating a high degree of uptake within the mass lesion and adjacent right ventricular wall. Left ventricular involvement was most prominent in the interventricular septum with mild FDG uptake within the anterolateral wall. Panel D: Transoesophageal echocardiogram with midoesophageal four-chamber view at 0° (post 6 months of steroid treatment) demonstrating significant lessening in the degree of thickening at RV apex.



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