

# Aortic valve fibroelastoma causing cerebral infarction

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## KEYWORDS

Heart tumour;  
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We report incidental findings of aortic valve fibroelastoma in a patient with embolic complications during routine transthoracic echocardiography.

## Case

A 54-year-old otherwise healthy man presented with dizziness. Cerebral MRT demonstrated multiple intracerebral embolic lesions. Transthoracic echocardiography and TEE examinations revealed a large aortic valve mass, sized ~20 mm in diameter (*Figure 1*, see Supplementary material online, Clips 1–2) with mild aortic regurgitation (see Supplementary material online, Clips 3–4). No other source

tumour was relatively large, a valve-sparing resection was not possible. Postoperative pathological examination confirmed the diagnosis of a papillary fibroelastoma.

## Discussion

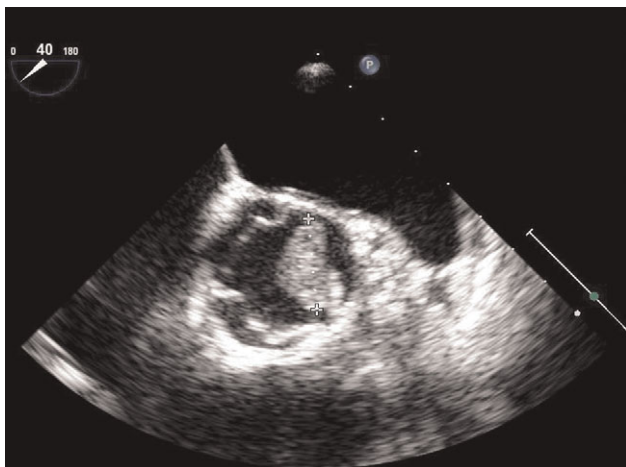
Primary aortic valve tumours are rare. Papillary fibroelastomas are benign cardiac tumours arising from the normal endocardial components.<sup>1,2</sup> They are avascular, usually small, and are attached to valvular structures. Most of these lesions are clinically silent, but bare risks of systemic or intracerebral embolization. The typically benign nature of papillary fibroelastomas and the small risk of recurrence may favour a conservative valve-sparing technique.<sup>3,4</sup>

## Supplementary material

Supplementary material associated with this article can be found in the online version.

## References

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**Figure 1** Papillary fibroelastoma of aortic valve.

for embolism could be detected. Since the patient had no clinical signs of endocarditis and no valvular destruction was observed, a tumour was suspected and the patient referred for surgical resection of that mass. Since the

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