A Cardiac Mass in a Young Woman

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This 23-year-old Greek woman had an episode of chest pain and acute pericarditis in August 1970. On physical examination three months later, a large nontender abdominal mass was palpable extending from the xiphoid to the umbilicus. Normal heart sounds and a normally located apical impulse were noted. The electrocardiogram revealed evidence of lateral wall ischemia with T wave inversion in leads I, aVL, V5, and V6.
Diagnosis: Echinococcus Cyst of the Heart

The PA chest film (Fig 1) shows a localized convex prominence at the cardiac apex. This mass appears spherical on the lateral roentgenogram (Fig 2) and is situated at the postero-lateral aspect of the left ventricle. No calculus is visible. Retrograde left ventricular angiography and coronary arteriography delineated an avascular mass on the postero-lateral surface of the left ventricle. The coronary arteries were normal. The indirect hemagglutination test for Echinococcus was positive at 1:180.

At laparotomy, a 25 cm echinococcal cyst was found in the left lobe of the liver and excised. Three months later, an 8 cm pericardial cyst and an 8 mm myocardial cyst were removed via thoracotomy. These too were echinococcal. Fibrous adhesions were evident throughout the pericardium. The patient recovered completely from both operations.

The chest roentgen findings are also compatible with pericardial cyst, cardiac neoplasm, and left ventricular aneurysm, the latter being the most common cause for a mass at the cardiac apex. However, a bizarre cardiac silhouette in a young person from an endemic area should arouse suspicion of cardiac echinococcosis. A rim of calcification may be present, but is also common with cardiac aneurysm.

Echinococcus granulosus most often affects the liver and lungs, with only 1 to 2 percent involving the heart. Ischemic ST-T changes, atrioventricular block or delayed ventricular conduction may be present on the electrocardiogram. As in the present case, angiography can help to delineate the cyst and aid in planning the surgical approach.

To prevent ischemic encroachment on the myocardium or rupture of the cyst, surgical excision is recommended. Cardiopulmonary bypass should be available in case it becomes necessary to enter the ventricle.

REFERENCES
4. Di Bello R, Urioste HA, Rubbo P: Hydatid cysts of the ventricular septum of the heart: a study based on two personal cases and forty-one observations in the literature. Am J Cardiol 14:237, 1964

Anomalous Fate of Great Compositions

It was Mendelssohn's (1809-1847) sad destiny to have risen to fame by the popularity of his instrumental music and his oratorios alone. His strictly liturgical music, that is, music written for a fixed order of divine service, and his cantatas, motets, and other works on biblical texts have been neglected altogether by posterity. More than a third of these compositions have not even been published, and the rest have fallen into oblivion. The reasons are twofold, practical and ideologic. Mendelssohn demanded well-trained choruses, usually of five or eight parts. Such choruses are today rarely available. In addition, the orchestral accompaniment, frequently demanded, makes the cost of such performances virtually prohibitive. The ideologic reasons are no less cogent. In Mendelssohn's time the Protestant liturgy was definitely established in various "agende", yet subject to regional statutes. The growing standardization of the liturgy in Germany worked to the disadvantage of his sacred works, inasmuch as their texts did not become part of the regular service. Moreover, the liturgical trend points in the direction of congregational singing, not towards that of concertizing by professional choirs and soloists. The growing insistence upon community song had to bypass practically all of Mendelssohn's ambitious church music.


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