Twelve days later control CT examination showed that ascending aorta and thoracic aorta were free of thrombus (Fig. 4). CT examination showed a new thrombus in the proximal segment of LAD (Fig. 5), which caused enlargement of perfusion defect effecting both apical and septal wall of left ventricle. There was severe hypokinesis in the mid and septal part of left ventricle consisted with LAD territory (Video 4. See corresponding video/movie images at www.anakarder.com).

Although there was no histopathology diagnosis of the mobile aortic mass, it is highly probable that it was an intra-aortic thrombus, which was broken away, causing a new more proximal embolus in LAD.

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Interventricular septal cardiac hydatid cyst mimicking hypertrophic cardiomyopathy

Hipertrofik kardiyomiyopatiyi taklit eden interventriküler septal kist hidatik

A 27-year-old, male patient with nonobstructive hypertrophic cardiomyopathy was admitted to our clinic with exertional dyspnea. Physical examination and routine laboratory tests were normal. Transthoracic echocardiography revealed asymmetric septal hypertrophy (29 mm) with-
out gradient in the left ventricular outflow tract (Fig. 1A). A cystic structure encircled by a hyperechogenic calcified membrane compatible with cardiac hydatid cyst was demonstrated in apical four-chamber view (Fig. 1B). A cystic mass localized in the interventricular septum was demonstrated in cardiac magnetic resonance imaging (Fig. 2, Video 1. See corresponding video movie images at www.anakarder.com). Patient was operated with the diagnosis of cardiac mass of unknown origin. Histopathological examination of surgery specimen revealed diagnosis of hydatid cyst. Hydatid cyst rarely involves heart and particularly interventricular septum. The diagnosis of hydatid cyst of the interventricular septum is difficult because of clinical and radiographic findings may be lacking or nonspecific.

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Video 1. A cystic mass localized in the interventricular septum was demonstrated on cardiac magnetic resonance imaging

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