tography we erroneously considered that image as a significant aortic coarctation (Fig. 1). Since there was no significant hemodynamic gradient, medical treatment was advised.

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Incidental multislice computed tomography finding of a congenital submitral ventricular aneurysm

A 49-year-old woman presented with atypical chest pain. Cardiac computed tomography (CT) was performed to rule out the presence of coronary artery stenosis. CT examinations were performed by a 128-slice CT scanner (Somatom Definition AS Plus 128, Siemens) with retrospective electrocardiographic gating. MDCT angiography showed absolutely normal coronary arteries. A CT scan showed the presence of an outpouching structure that arose from the left ventricular outflow tract, just below the submitral annulus (Fig. 1). Volume-rendered images revealed that the orifice of this sac was located mainly just below the posterior cusp is of mitral valve (Fig. 2). Transthoracic echocardiography revealed normal left ventricular size and function without significant valvular disease. A submitral aneurysm was not seen on transthoracic echocardiography. The treatment and prognosis of congenital left ventricular aneurysm are determined by clinical status of the patient and any associated abnormalities. Medical follow-up was proposed for this patient.

Cardiac CT imaging using 128-slice MDCT was demonstrated as a reliable and noninvasive tool to detect this rare type of cardiac anomaly.

Figure 1. Computed tomography scan image of the kinking of the aorta

Figure 1. A 128-slice multidetector-row computed tomography view of the submitral left ventricular aneurysm (1.3x1.1 cm in size) (arrow)

Figure 2. Axial CT images of the left ventricle in mid-diastole show an out-pouching structure (arrows) that originates from the left ventricular outflow tract

CT - computed tomography
Atrial angiosarcoma imaged by F-18 FDG PET/CT

Sarcomas arising primarily in the heart are rare. Angiosarcoma is an extremely rare, most common primary cardiac malignant tumour. We report the F-18 fluorodeoxyglucose positron emission tomography (F-18 FDG PET) / computed tomography (CT) images of a patient with an invasive angiosarcoma arising from the right atrium. A 55-year-old woman with primary high-grade cardiac angiosarcoma underwent tumour resection at another centre was referred to our institution for postoperative F-18 FDG PET/CT scans to assess the residual/metastatic disease. Preoperative magnetic resonance imaging revealed a 6.5x3.5-cm mass extending along the lateral wall of the right atrium surrounding the inferior vena cava and atria ventricular junction, extending to aortic root as well as into the right pericardium. Concomitant pericardial effusion was noticed. The debulking surgery was performed to remove the mass. Four weeks after surgery, the patient underwent the F-18 FDG PET/CT scans (1 hour after the administration of 465 MBq F-18 FDG with the subject fasted for 6 h beforehand). Three-plane images (PET, contrast-enhanced CT and fused PET/CT in axial, sagittal and coronal projections) revealed a residual mass with significantly increased uptake of F-18 FDG (SUVmax of 16.4) in the right atrium measuring 5.0x4.5 cm (Fig. 1, Video 1, 2. See corresponding video/movie images at www.anakarder.com). There was no evidence of distant metastatic disease. The patient subsequently underwent chemotherapy regimen.

Naxos-Carvajal disease: a rare cause of cardiomyopathy with woolly hair and palmoplantar hyperkeratosis

Naxos-Carvajal hastalığı: Palmoplantar keratoz ve yünsü saç ile karakterli nadir bir kardiyomiyopati nedeni

Naxos-Carvajal disease is a rare autosomal recessive inherited disease characterized by a triad of ventricular dysplasia/dilated cardiomyopathy, woolly hair and palmoplantar hyperkeratosis. The pathological process is characterized by progressive loss of myocardial fibrils.