

Letter to the Editor

Cardiac magnetic resonance imaging in unusual form of hypertrophic cardiomyopathy

Dear Editor,

According to the article by Yalcinkaya et al¹ in European Review for Medical and Pharmacological Sciences, cardiac magnetic resonance imaging has an important role in diagnosing cardiomyopathies of unclear etiology. Cardiac magnetic resonance imaging (CMRI) is highly useful diagnostic modality for unusual form of hypertrophic cardiomyopathy (HCM).

A 24-year-old woman referred to our clinic for further work-up after had been echocardiographically diagnosed with suspected cardiac mass in the inferior wall of the left ventricle (LV). She gave no history of palpitations, dizziness or syncope. Cardiovascular magnetic resonance imaging, performed in our clinic, revealed asymmetric hypertrophic cardiomyopathy with an apical and mid-cavity obliteration, caused by significantly thickened LV posterolateral wall with maximum end-diastolic wall thickness of 28 mm (Figure 1A). The myocardial delayed enhancement images demonstrated a focal fibrosis in the same thickened posterolateral localization (Figure 1B, C, green arrow).

HCM is the most common genetic heart disease². Patients with HCM can present with arrhythmias, dizziness, syncope, heart failure, sudden death or can be asymptomatic³. Patients with high risk for sudden cardiac death are considered for prophylactic defibrillator placement⁴. As the least common form of segmental cardiomyopathy, posterolateral HCM may be underevaluated by echocardiography^{5,6} and more sophisticated diagnostic modality as CMRI is recommended. This case highlights an important role of CMRI in differentiation of intracardiac mass and atypical HCM, which may be very important for making further treatment decision.

Conflict of Interest

The Authors declare that they have no conflict of interests.

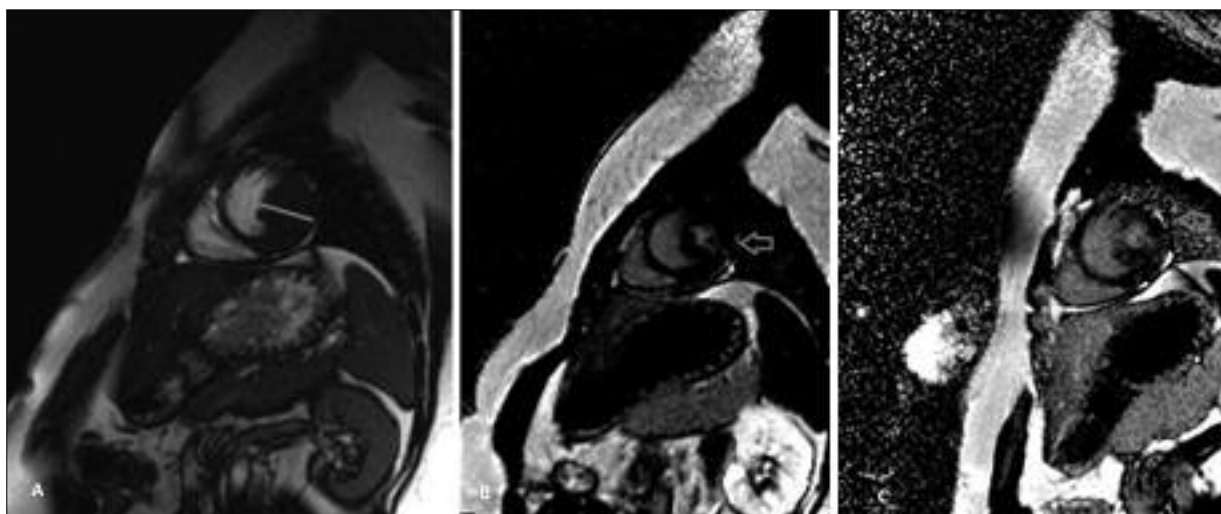


Figure 1.

References

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