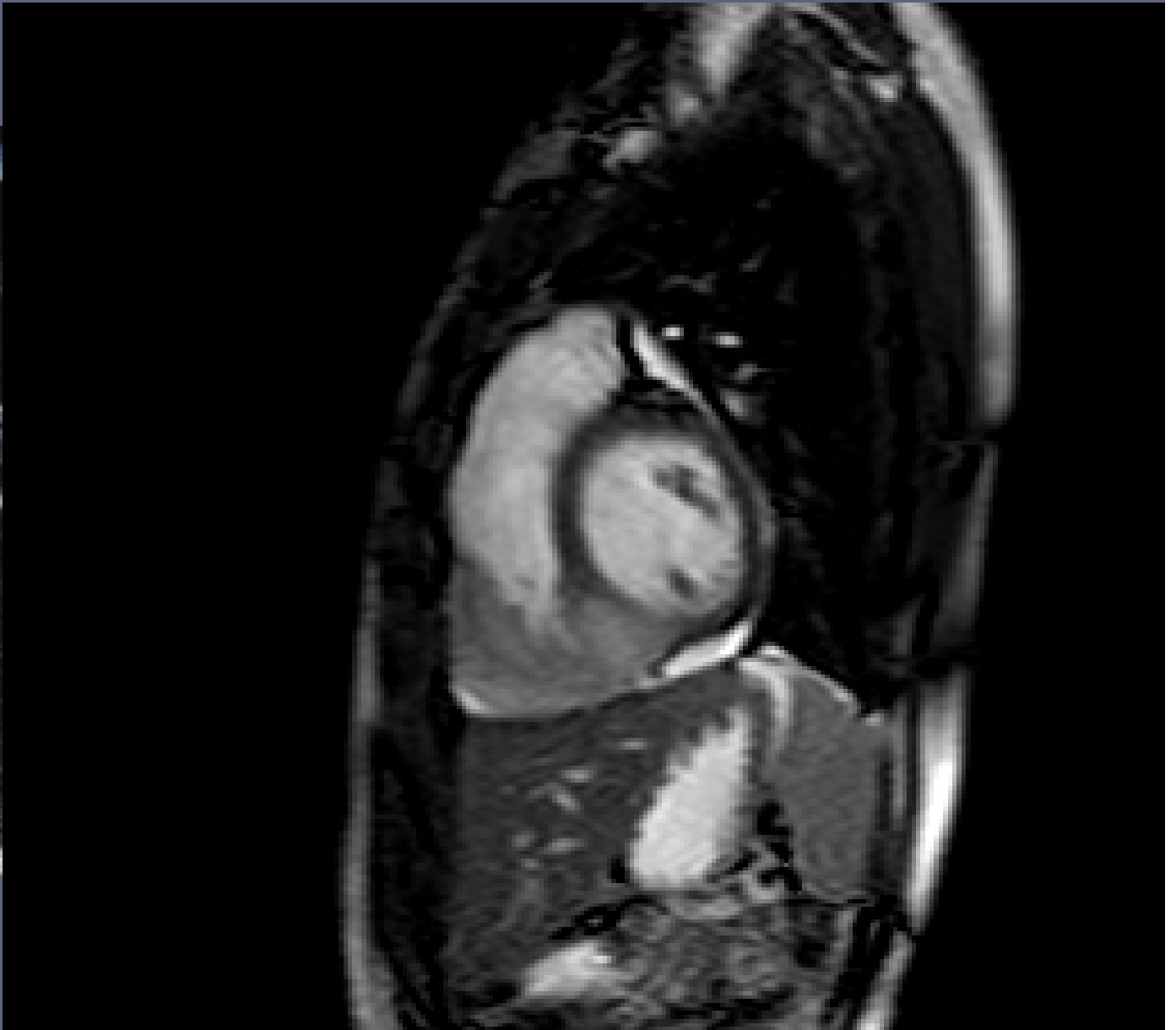


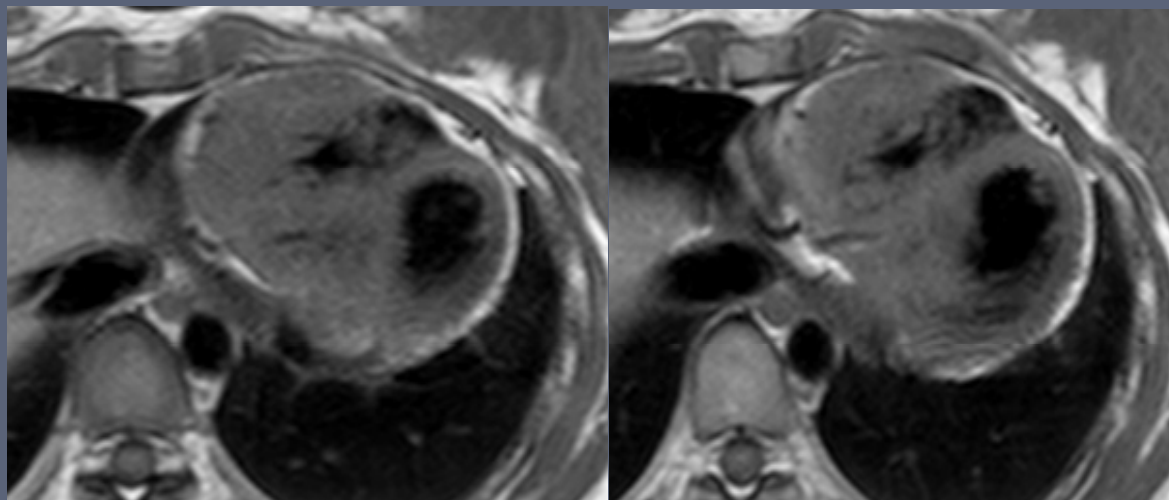
# Case 1: 22yr / F

- C.C. : Chest pain for 5 years
- Anterior, mid-chest area
- Aggravated by exercise, improved by resting
- Dizziness (+), Palpitation (+)

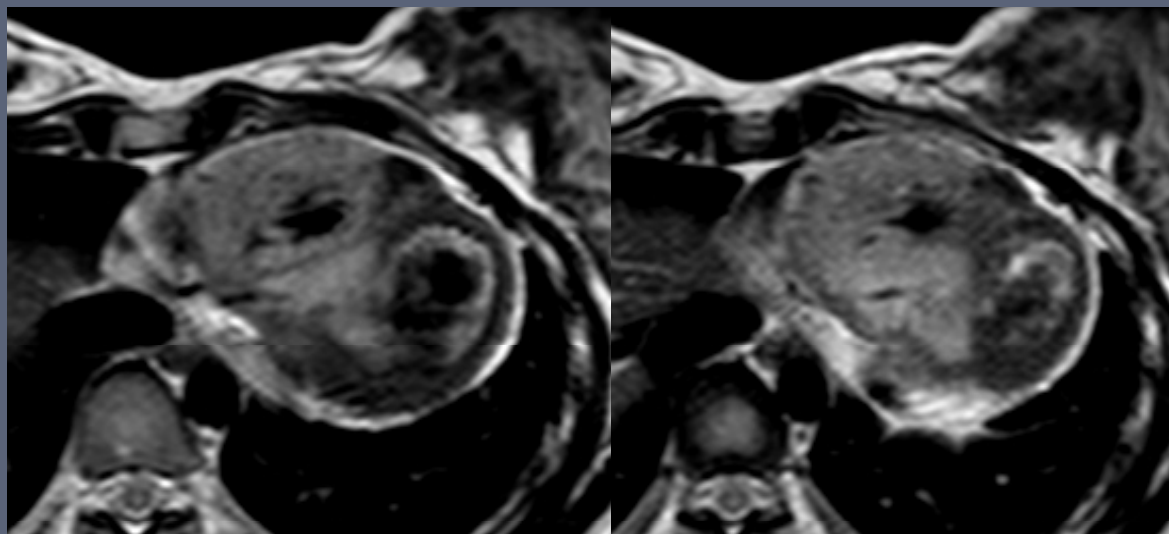
Presented by Joon Won Kang, Tae-Hwan Lim.  
Asan Medical Center (AMC), Seoul, Korea



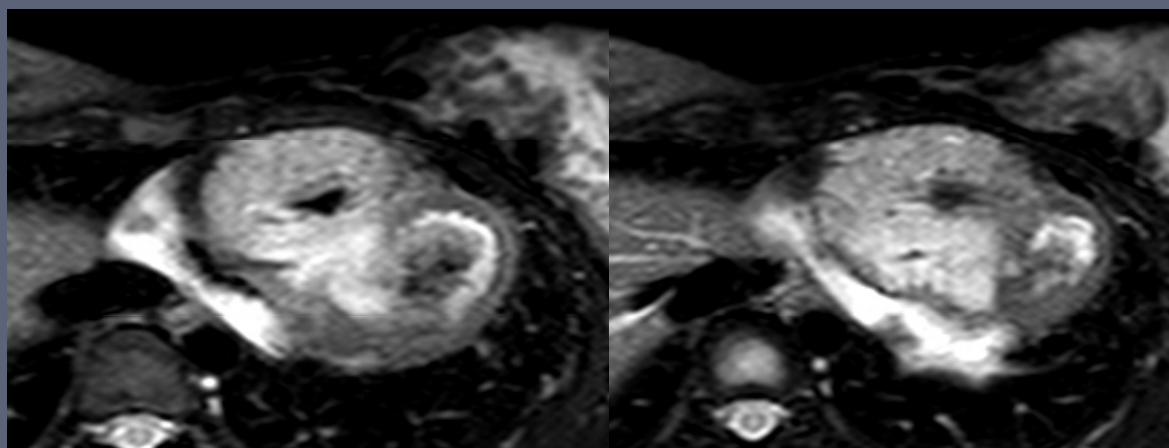
T1-axial



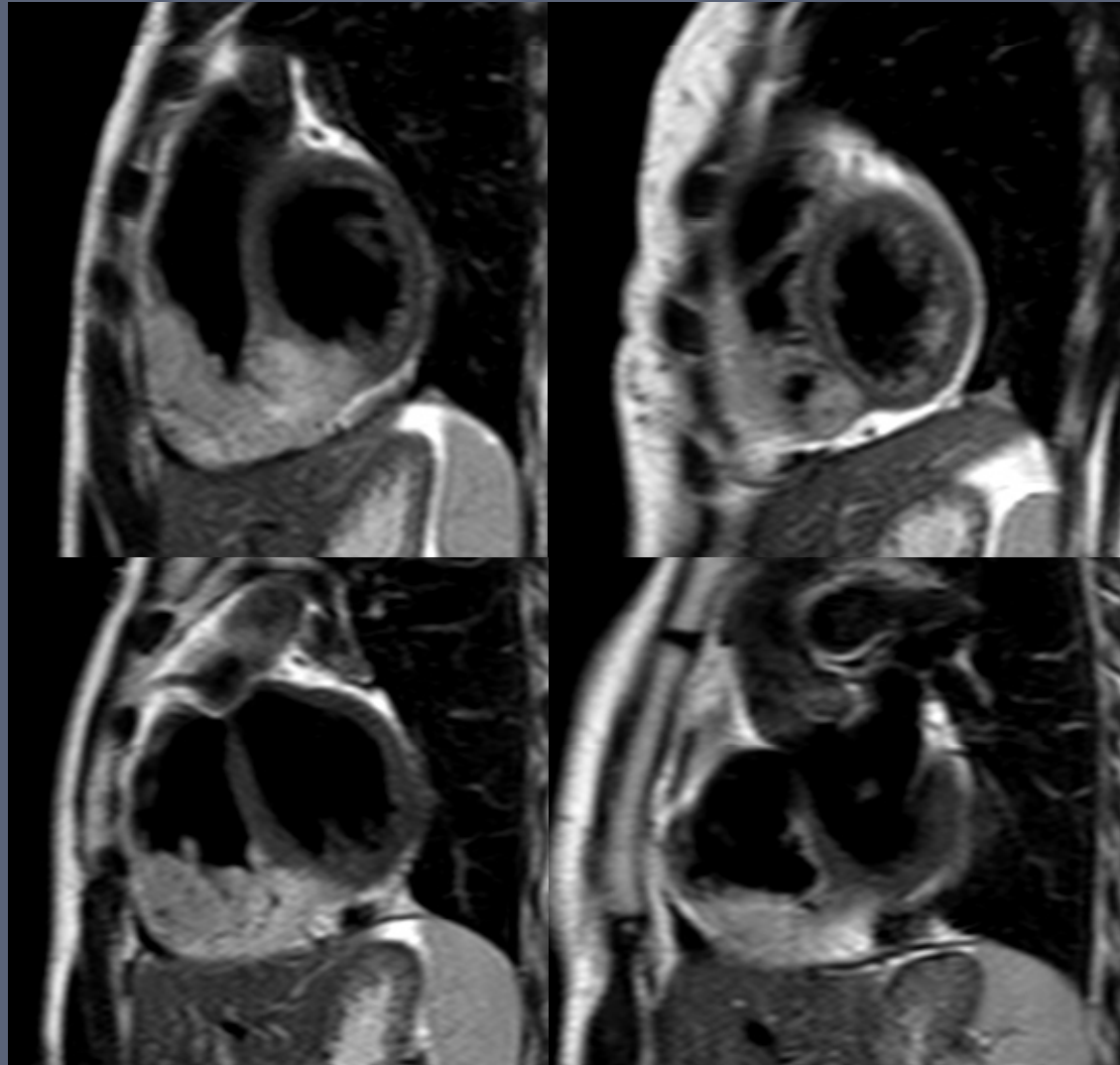
T2-axial



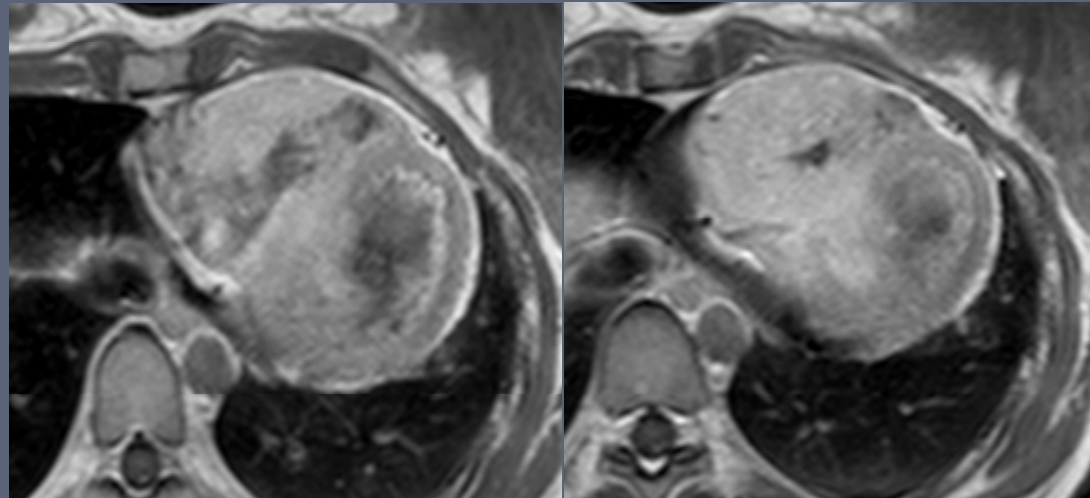
STIR-axial



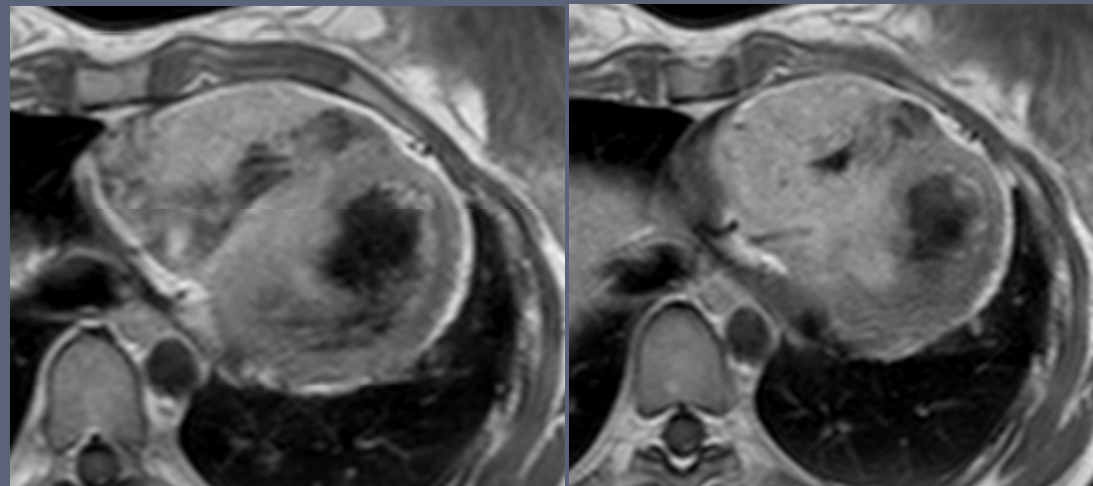
T2-SA



T1-Gd(+)

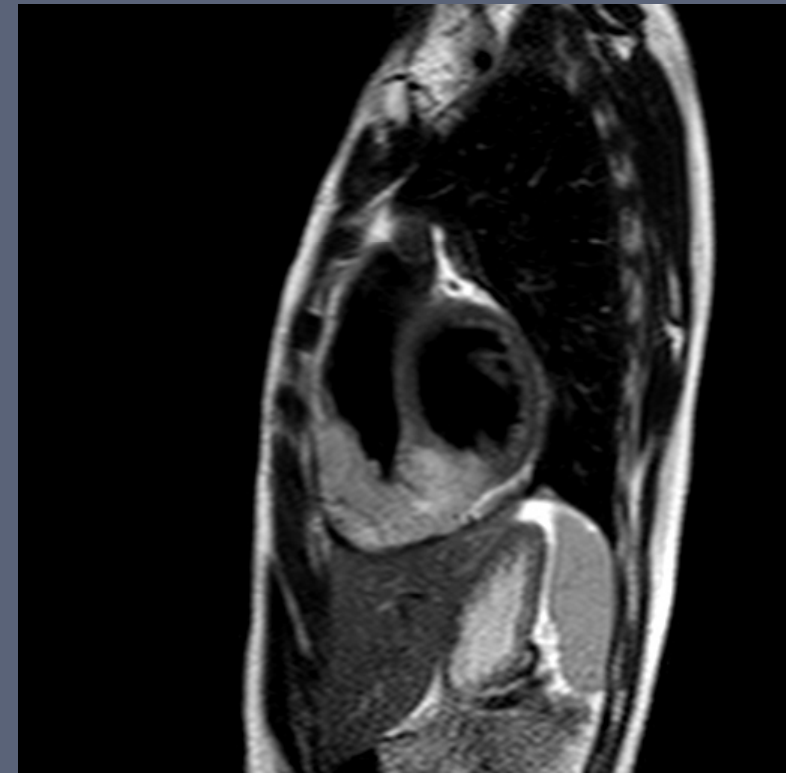


T1-Gd(+)-  
10min



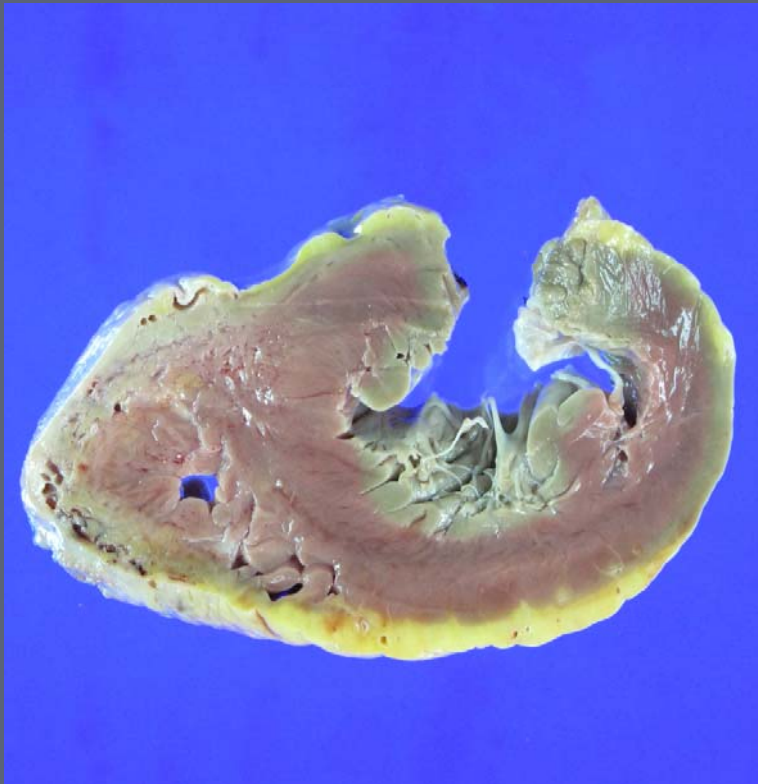
# Differential Diagnosis?

- What do you have in your mind?
  1. Hypertrophic cardiomyopathy
  2. Lymphoma
  3. Hemangioma
  4. Rhabdomyoma
  5. Myocarditis

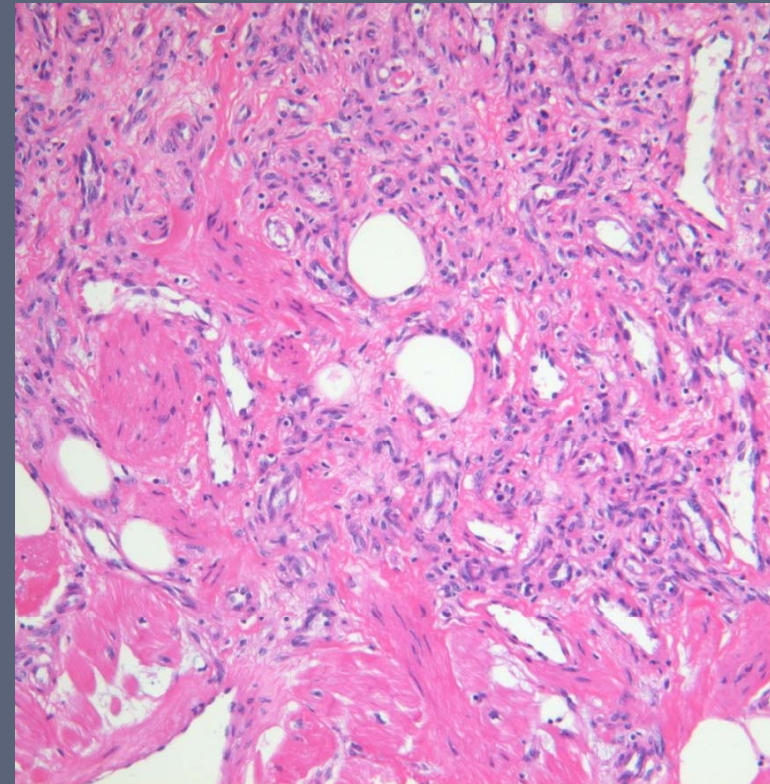




# Cardiac transplantation



- Gross specimen: Ill-defined Mass with microcystic changes in RV wall. 7 cm in greatest dimension



- Microscopy : Capillary proliferation intervening between the myocardial structures with lipomatous fatty infiltration and myocardial disarray

# Diagnosis

## Capillary hemangioma

- CT:
  - Calcification within the tumor
- MRI:
  - High SI on T2,
  - heterogeneous strong enhancement after Gd



# Capillary hemangioma

- 5-10% of benign tumor
- Any location of the heart
- At any age
- Shape
  - In myocardium:  
ill-defined, sponge-like
  - In endocardium:  
well-defined, myxoid
- Chance of spontaneous regression