This report describes the case of a 14-year-old boy with moderate mental retardation who had had seizures since infancy. At birth it was noticed that he had hypochromic ash leaf-shaped macules in the trunk. Two years later, facial and ungual lesions appeared (Figs 1 and 2). When he was 7 years old, a diagnosis of tuberous sclerosis (Bourneville’s disease) was made. At 13 years old, a cranial computed axial tomographic scan and echocardiogram revealed characteristic lesions related to Bourneville’s disease (Figs 3 and 4). The patient has never had cardiac symptoms, and physical examination and ECG are normal.
Fig 3. Cranial computed axial tomographic scan showing calcified subependymal glial nodules in the lateral walls of the lateral ventricles.

Fig 4. Echocardiogram in apical four-chamber view with several medium-size (0.8- to 1-cm) intracardiac masses (probably rhabdomyomas) in the left ventricle located in the apex and interventricular septum. There is also a large mass (3.5x1 cm) attached to the lateral wall of the left ventricle.
Images in cardiovascular medicine. Cardiac rhabdomyomas in tuberous sclerosis (Bourneville’s disease).
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_Circulation_. 1994;90:3113-3114
doi: 10.1161/01.CIR.90.6.3113

_Circulation_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
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