A 39-year-old white man with no previous medical history presented with acute posterior wall myocardial infarction complicated by ventricular fibrillation arrest. Two days before this admission, he had experienced an episode of transient right-sided arm weakness and facial numbness. Cardiac catheterization (Figure, top left) showed totally occluded first diagonal and second obtuse marginal coronary arteries with abrupt cutoff, suggestive of arterial embolism. A head CT (top right) revealed left parietal and right cerebellar infarcts (arrows). A transesophageal echocardiogram (TEE) was performed to search for a source of systemic embolization. TEE (bottom left) demonstrated a 7-mm mobile mass (arrow) attached to the ventricular aspect of the anterior leaflet of the mitral valve. The patient underwent urgent excision of a frond-like mass from the anterior leaflet with reconstruction of the mitral valve. Histology (bottom right) showed a fine meshwork of central collagen and elastic fibers covered by endothelium, typical of papillary fibroelastoma. The patient recovered uneventfully and has had no other embolic events in a 6-month follow-up period.
Papillary Fibroelastoma of the Mitral Valve