

## CLINICAL VIDEO

# Cerebral Embolism due to a Large Papillary Fibroelastoma arising from the Coumadin Ridge

Tepei Kamimura<sup>1</sup>  | Kanta Tanaka<sup>2</sup> | Hiroshi Yamagami<sup>2</sup> | Masatoshi Koga<sup>3</sup>

<sup>1</sup>Department of Neurology, National Cerebral and Cardiovascular Center, Osaka, Japan

<sup>2</sup>Division of Stroke Care Unit, National Cerebral and Cardiovascular Center, Osaka, Japan

<sup>3</sup>Department of Cerebrovascular Medicine, National Cerebral and Cardiovascular Center, Osaka, Japan

## Correspondence

Kanta Tanaka, Division of Stroke Care Unit, National Cerebral and Cardiovascular Center, 5-7-1, Fujishirodai, Suita, Osaka, Japan.  
Email: tanaka19830311kanta@gmail.com

## Abstract

A 70-year-old woman developed acute cerebral infarction. Transthoracic echocardiography showed a large mobile mass in the left atrium, suggesting cardiac myxoma as the most likely diagnosis. Surgical exploration revealed a papillary fibroelastoma originating from the coumadin ridge, which is fairly rare but important as a source of cerebral embolization.

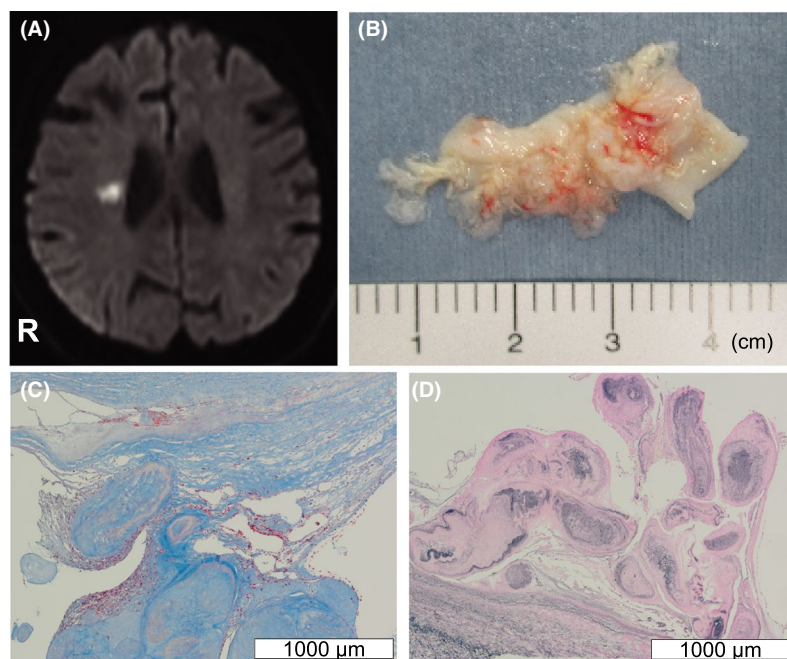
## KEYWORDS

cerebral embolism, papillary fibroelastoma, cardiac tumor, coumadin ridge

## 1 | CASE SUMMARY

A 70-year-old afebrile woman with no history of malignancy suddenly developed paresis of the left lower limb. Magnetic

resonance imaging showed a small acute infarction in the right corona radiata. Urgent bedside transthoracic echocardiography showed a highly mobile, fluffy mass in the left atrium (Video S1, Figure 1). The large mass size suggested



**FIGURE 1** Diffusion-weighted imaging. Acute infarction in the right corona radiata is shown (A). Gross inspection of the resected tumor with a whitish, elastic, and papillary appearance (B). Masson trichrome staining showing papillary collagenous cores (C). Elastica van Gieson staining showing the layer of elastic fibers covered with endothelial cells (D)

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2019 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.

cardiac myxoma as the most likely diagnosis.<sup>1</sup> Immediate surgical exploration to prevent further embolization showed the mass originating from the coumadin ridge, with histological confirmation of papillary fibroelastoma (Figure 1). Papillary fibroelastoma arising from the coumadin ridge is fairly rare but important as a source of cerebral embolization.<sup>2</sup>

## CONFLICT OF INTEREST

None declared.

## AUTHOR CONTRIBUTION

Tepei Kamimura and Kanta Tanaka: acquired and interpreted the data, drafted the manuscript. Hiroshi Yamagami and Masatoshi Koga: acquired and interpreted the data, critically revised the manuscript for intellectual content.

## ORCID

Tepei Kamimura  <https://orcid.org/0000-0003-0372-7814>

## REFERENCES

1. Karabinis A, Samanidis G, Khoury M, Stavridis G, Perreas K. Clinical presentation and treatment of cardiac myxoma in 153 patients. *Medicine*. 2018;97:e12397.
2. Gowda RM, Khan IA, Nair CK, Mehta NJ, Vasavada BC, Sacchi TJ. Cardiac papillary fibroelastoma: a comprehensive analysis of 725 cases. *Am Heart J*. 2003;146:404-410.

## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

**How to cite this article:** Kamimura T, Tanaka K, Yamagami H, Koga M. Cerebral Embolism due to a Large Papillary Fibroelastoma arising from the Coumadin Ridge. *Clin Case Rep*. 2019;7:1267–1268. <https://doi.org/10.1002/ccr3.2178>