Cardiac tumors in newborn: Report of five cases

Ayari F.
Neonatology Intensive Care Unit at Maternity and Neonatology Center of Tunis, Tunisia

Introduction:
The primary cardiac tumor is a rare disease in children, with a frequency between 0.03-0.32%. Eighty percent are benign tumors. Usually they are asymptomatic and discovered fortuitously.

Methods:
Recall the clinical and sonographic features of primitive cardiac tumors through 5 neonatal observations.

Results:
The Five neonates: Leith, Taher, Youssef, Khaled and Eya are from a non consanguineous marriage. The pregnancy was well attended in all cases. Prenatal ultrasound showed cardiac tumors suggesting a left intraventricular rhabdomyoma in the first case, biventricular in 2nd case, right ventricular fibroma in the case of Youssef, two hyperechoic spots 2 mm each depends on the valvular pillars in the left ventricle in the case of Khaled and a tumor taking all the right ventricle in the case of Eya. The five newborns were eutrophic for the term and showed good adaptation to extra-uterine life. The examination at birth was without anomalies. The post natal ultrasound pinpoint the tumor localization which was respectively: landlocked in the aorta which partially obstructed in the first case, multiple biventricular whose largest was opposite to the large mitral valve in the second case, in the trabecular room of the right ventricle in the third case, not individualized right ventricle with aspect of trabeculation in the latter case. Hemodynamically, these cardiac tumors were well tolerated in the 1st and 3rd case. In the case of Taher, this tumor generate a supraventricular tachycardia quick to 300 bpm having been reduced by vagal maneuvers and in the case of Eya, the tumor was responsible for the death by refractory hypoxemia. The ultrasound transfontanellaire was without defects in the first two cases. Youssef showed convulsions type bending spasms evoking a tuberous sclerosis and Eya had a total agenesis of the corpus callosum.

Conclusion:
Children's cardiac tumors are usually benign. The severity is related to functional consequences to which depends the support. Surgery is the best treatment with an excellent prognosis.