

## An Unusual Etiology for Acquired Long QT Syndrome

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**Introduction:** Long QT syndrome (LQTS) is an arrhythmogenic disorder that can be both congenital and acquired. We want to present an interesting, rare cause for acquired LQTS.

**Method:** An 18 months old female patient admitted to the hospital with tachycardia and cyanosis without a history of syncope or any characteristic feature or an index case in the family. Cardiomegaly was present at chest X-Ray, oxygen saturation was 98%, apical pulse was 91beats/minute. Cardiac sounds were barely heard at auscultation, along with a 2/6 systolic murmur. The QTc segment was 500-520 msec and there was vectorial suppression at the left precordials indicating both the repolarization and depolarization abnormality (Figure1a). There was a 40mmx40mm mass with a circular regular contour neighbouring the left ventricular posterior wall. There wasn't any significant pressure on heart. B-blocker was initiated. Cardiac MRI demonstrated a semi-demarcable solid mass at the inferior left hemithorax extending posteriorly and towards the middle mediastinum neighbouring closely with left ventricular posterior wall anteromedially, inferior lobe of left lung mediastinal pleura posteriorly (Figure1b). Biopsy of the mass demonstrated a fibrose pseudotumor and surgical excision was planned. The mass was resected partially (about 80-85%) from its near side to the heart. Cardiac functions were normal at echocardiography on follow-up. At the 10<sup>th</sup> postoperative day the QTc was regressed to 460 msec on ECG and vectorial supression was normalised (Figure1c).

**Conclusion:** LQTS had propensity to cause fatal cardiac events therefore early diagnosis and therapy is vital. Apart from known causes of acquired LQTS like drugs, there are many other causatives reported to lengthen QT interval but to the best of our knowledge there was no reported case of LQTS due to a cardiac mass which is a rare but an important entity.

