Introduction

Rhabdomyomas are rare benign cardiac tumors that are commonly associated with Tuberous sclerosis. In most cases, they do not interfere with cardiac function, except when the size or location interferes with the valvular flow.

Case

We report a case of a 26 years old G1 P0 with an enormous rhabdomyoma arising from the septum and compressing both ventricles. The first trimester NT was normal. A biochemical screening was suggested and refused by the couple. The diagnosis was done at 22 weeks with a hyperechoic mass located at the septum. Morphology scan did not reveal any other associated abnormalities. The mass increased in size during ultrasound follow-up to reach 3.4*2.8 cm (Figure).

Despite that the mass reached a size big enough to obliterate the ventricular cavities and to limit severely the cardiac output, there was no hydrops. Umbilical and cerebral Doppler were within normal. Biometry was at the 10th percentile. At 36 weeks the patient was admitted for labor and delivered by cesarean section in our university hospital. The baby had respiratory distress and underwent intubation and ventilation. Hemodynamic stabilization was not possible, and as the couple had already agreed to this possibility the baby was taken for an immediate salvage surgery. He, unfortunately, deceased briefly following surgery because of cardiac failure. Pathology of the mass confirmed a rhabdomyoma. Parents’ consent was obtained for the scientific report of this case.

Conclusion

Cardiac rhabdomyoma can have different neonatal outcomes. Size seemed to be an important prognostic factor in this reported case.