Cardiac tumors
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Primary cardiac tumors are relatively rare with an incidence of 0.001 to 0.3% in autopsy series, however, cardiac metastases occur up to 40-fold more frequently (1,2). About 70% of primary cardiac tumors are benign and 30% are malignant (1). Benign cardiac tumors typically manifest as intracavitary, mural, or epicardial focal masses, whereas malignant tumors demonstrate invasive features and may involve the heart diffusely. Benign lesions can usually be successfully excised, but patients with malignant lesions have an extremely poor prognosis (3).

Cardiac magnetic resonance (CMR) is a very important tool in the evaluation of suspected cardiac masses. The goal of CMR is: 1.) to confirm or to exclude a suspected mass, 2.) to assess the location and mobility of a mass, 3.) to image the degree of vascularisation and the enhancement pattern, 4.) to distinguish solid from fluid lesions and 5.) to determine tissue characteristics and the specific nature of a mass. CMR of a suspected cardiac mass should include cine imaging, T1 and T2-weighted imaging including fat-supression, first-pass and delayed enhancement imaging after contrast media application in standard projections. Due to high tissue contrast CMR enables excellent visualization of cardiac tumors and typical imaging features can help to establish the correct diagnosis with high probability in a number of patients.