Herein we present unique imaging of cardiac involvement in cysticercosis. A 39-year-old man was hospitalized at the Department of Cardiology with suspected cardiac tumor. Electrocardiogram was normal. On echocardiography we confirmed the presence of an abnormal mass in the left ventricle (LV; Figure). It was hyperechogenic and approximately 10×15 mm in size. Additionally, we noticed many hyperechogenic masses in the liver (Figure D). Computed tomography demonstrated multiple small, calcified cysts in the liver. After consultation at the Department of Infectious Diseases, cysticercosis was diagnosed. The diagnosis was established based on typical predisposing factor (eating under-cooked pork meat), the presence of multiple small, calcified cysts in the liver, as well as specific antibodies in serum. On consultation with the cardiac surgeon, conservative treatment was recommended.

The patient has been followed for 16 years. At the time of writing he felt good and had no cardiac symptoms. On steady-state free procession magnetic resonance imaging (MRI), we noted a hypointense, well-circumscribed ovoid mass fixed to the endocardial surface of the anterior apical segment. On T1-weighted and T1-weighted fat-saturated MRI the mass was hyperintense, with small hypointense parts. On T2-weighted MRI, the mass was hyperintense. After gadolinium, late enhancement was present at the periphery of the inferior part of the mass.

Cardiac involvement in cysticercosis is rare and there are no case reports involving long-term observation. Different clinical manifestations have been described, but cardiac cysticercosis may be asymptomatic, as was observed in the present case.

Declaration of Interests

All authors have nothing to declare.