



# Lamb's Excrescence is Not Always Benign: A Rare Cause of STEMI

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## INTRODUCTION

- Lamb's Excrescences (LE) are mobile, thin, filiform strands seen on echocardiogram at sites of valvular coaptation.
- These are mostly found during workup for cryptogenic stroke.
- Rarely, LE has been associated with myocardial infarction, pulmonary embolism and/or valvular obstruction.
- Optimal management of LE in the setting of myocardial infarction is unclear.

## CASE PRESENTATION

- A 39-year-old male, with no known medical history presented to our ER with 2 hours of angina.
- EKG revealed inferolateral ST elevations and troponins were elevated (2.87 ng/ml) consistent with STEMI.
- Angiography revealed 100% occlusion of the distal left posterolateral artery; percutaneous coronary intervention was attempted without success due to small size of the culprit vessel.
- Workup for hypercoagulable disorders including Libman-Sacks endocarditis, antiphospholipid syndrome and inherited thrombophilia were negative.
- TTE revealed a 0.9cm x 0.6cm mobile mass on the left ventricular aspect of the left coronary cusp of the aortic valve.
- Dual antiplatelet therapy, heparin followed by a transition to coumadin, a statin and a beta blocker were initiated.
- Surgical excision of the mass was completed one month later. Gross pathology and histology following surgery confirmed a diagnosis of LE rather than PFE.

## DISCUSSION

- There is a paucity of data to guide management of LE, especially in patients with myocardial infarction.
- To our knowledge, only one other case associating STEMI with LE has been reported.
- The choice between surgical resection, anticoagulation and conservative management depends on individual thromboembolic, bleeding, and peri-operative risks as well as patient preference.

## CONCLUSION

- In young patients with low estimated peri-operative risk, surgical resection seems to be a preferable approach over extended full dose anticoagulation.
- Further prospective data are needed to define optimal treatment strategies in this population.

## IMAGES

(A) ECG showing ST elevation in the inferolateral leads (B) LAO caudal projection during LHC revealing an occluded LPL branch, with otherwise normal coronary arteries. (C) TEE mid-esophageal short axis view demonstrating proximity of the mass to the LM ostium (D) Same image as 1C in 3D. (E) Intra-operative photos demonstrating the mass attached to the LCC of the aortic valve. (F) Histologic evaluation of the mass revealing non-branching papillary projections of avascular fibroblastic tissue with a single-layered endothelial lining, lacking atypia.

## REFERENCES

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