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January 27, 2022

Re: Gabriel Griciutesilva DOB 5/14/21 MRN [redacted]

Dear Lina, Rafael, and Dr. Theocharis,

We (Dr. del Nido, Dr. Tal Geva, Dr. Ed Walsh and myself) had the opportunity to review information on Gabriel. As you know, Gabriel is an 8 mo boy with a history of a cardiac tumor involving the wall of the left ventricle. Based on the cardiac MRI and echocardiogram, the tumor is most likely a fibroma. Since birth, he has developed increasing mitral regurgitation as well as now ventricular tachycardia. He had an admission to Evelina London in November 2021 for asymptomatic multifocal VT for over 1 hour, up to 200 bpm (193 bpm, 1 min Av) on a recent holter monitor. The monitor also showed 15% burden of ventricular beats, with regular singles, couplets and triplets. His antiarrhythmic therapy were adjusted to atenolol 10 mg BID and mexiletine 5 mg/kg/dose, and he had a Reveal device placed. Repeat 24 hour holter (prior to achieving max dose of antiarrhythmics) showed 8 episodes of non-sustained broad complex tachycardia, the longest beats at 175 bpm, <1% ventricular ectopy burden. At a multidisciplinary meeting, it was decided to continue medical therapy and an ICD was not implanted.

In our experience, we have found that debulking or resection of ventricular fibromas can reduce or eliminate the burden of ventricular ectopy. However, with fibromas this large we are often unable to resect the entire mass, which may leave a residual risk of arrhythmia. We would recommend preoperative evaluation with repeat cardiac MRI and cardiac catheterization to evaluate coronary artery relationship to the mass. We would also recommend intraoperative EP mapping to try and localize the arrhythmia focus. Please note that Gabriel will also require mitral valve repair during an operation. We have published extensively on fibromas and are able to share this data with you as needed.

Please let us know if we can be of further assistance.

Sincerely,

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