The male neonate was born at 38 weeks of gestation. Apgar scores were 6, 8, and 10 at 1, 5, and 10 minute. Physical examination revealed blood pressure of 80/50 mmHg, pulse of 130/min, and oxygen saturation was 99%. The electrocardiogram was normal. There was 4/6° mid-systolic ejection murmur in pulmonary area with a trill in left upper sternal area. Chest X-ray revealed normal findings.

Echocardiography was performed for the patient. Apical four-chamber view of the heart, a large number of well-circumscribed, hyper-echogenic nodules were observed in interventricular septum and left ventricular free wall (Figure 1). In subcostal long-axis and parasternal short-axis imaging, showed a large mass with a two-lobed, causing severe stenosis in the right ventricular outflow tract, originating from infundibular septum was observed (Figure 2, 3, Video 1, 2, 3). Depending on the compression of the mass, 80 mmHg gradient was obtained by CW Doppler evaluation in the right ventricular outflow tract (Figure 4).

The most common tumors in newborns and infants are rhabdomyomas. The echocardiographic characteristics of cardiac rhabdomyomas are highly echogenic, multiple, well-circumscribed intramural or intracavitary nodules occurring anywhere within the heart. \(^1\) Rhabdomyomas have been known to regress without surgical intervention. Surgical intervention is required when cardiac outflow obstruction causing significant hemodynamic deterioration.\(^1\)
The newborn didn't have any sign of hemodynamic deterioration. A decision of surgical intervention was not made for the baby who was discussed in pediatric cardiology, cardiovascular surgery council and he was decided to be followed up with echocardiography.

REFERENCES