Multimodality imaging of cardiac tumour

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A 76-year-old woman with a history of poorly differentiated spindle cell carcinoma of the right iliac bone presented with worsening hip pain. Computed tomography of the chest, abdomen, and pelvis revealed a soft tissue mass within the right ventricle measuring ~5.8 x 3.5 cm (Panels A and B) and moderate pericardial thickening (Panel A). An echocardiogram confirmed the diagnosis of a large right ventricular (RV) mass and pericardium with heterogeneous features (Panel C, see Supplementary online data, Video S1), which was enhanced with agitated saline (see Supplementary online data, Video S2). Three-dimensional echocardiographic imaging reaffirmed the presence of the tumour filling the entire right ventricle (Panel D, see Supplementary online data, Video S3). Given the metastatic nature of her disease, a palliative approach was chosen.

Metastatic heart tumours are more common than primary tumours and usually represent a poor prognosis. Myocardial metastases, which are less frequent, are usually associated with melanoma or lymphoma but rarely have been reported from spindle cell carcinoma. Ao, aorta; LA, left atrium; RA, right atrium.

Supplementary data are available at European Heart Journal – Cardiovascular Imaging online.

Conflict of interest: none declared.

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