Right atrial metastasis of a testicular cancer

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A 32-year-old patient underwent surgery for mixed germ cell tumour of the testis followed by chemotherapy through subclavian catheter. During follow-up, CT-scan (Fig. 1) revealed thrombosis of superior vena cava and right atrial mass, despite normal tumour markers. Tumor was mobile, engaging in the tricuspid orifice on echocardiography (Supplementary Video 1). Surgery was performed (Fig. 2).

Supplementary material (Video 1) is available at EJCTS online.

Figure 1: One year after initial surgery, the patient was operated for retroperitoneal metastasis followed by chemotherapy. Few months after ablation of his subclavian catheter, he presented thrombosis of left subclavian vein and superior vena cava (SVC). Tumour markers were normal, so was the scintigraphy. Despite clinical improvement following long-term oral anticoagulation, CT scan (coronal section) showed thrombosis of the SVC with a floating mass in the right atrium (arrow). The right atrial mass measured 45 × 46 mm, was hypodense with no peripheral enhancement after dye injection, and was in contact with the tricuspid valve. The inferior vena cava was free of thrombosis.

Figure 2: Intra-operative view showing the tumour occupying the right atrium. The tumor was lobulated with a gelatinous consistency, vascularized on its surface, and was not adherent to the heart structures. Histology was a partially differentiated, mucogenic adenocarcinoma with no embryonary component. RA, right atrial wall.