

CASE IMAGE

Cardiac metastasis of cervical cancer

Serviks kanserinin kardiyak metastazi

Özge Akgün

Muzaffer Kahyaoğlu

Çetin Geçmen

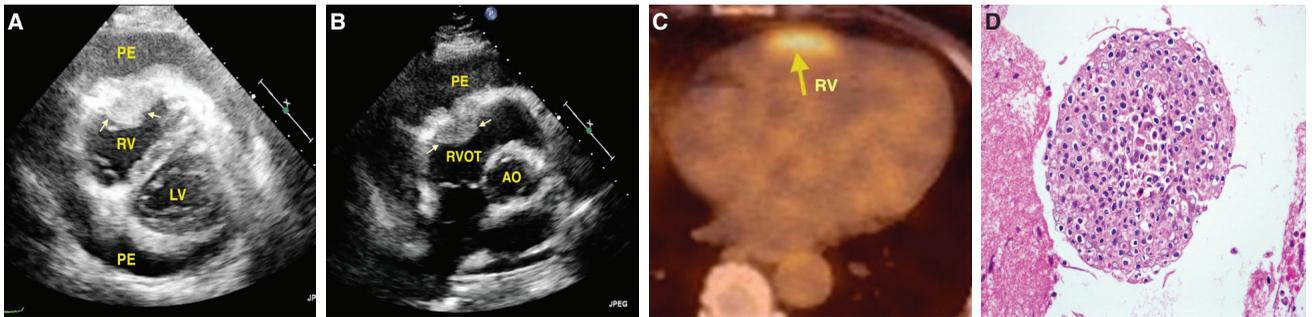
Arzu Kalaycı Karabay

İbrahim Akın İzgi

Department of Cardiology,
Kartal Koşuyolu Yüksek İhtisas
Training and Research Hospital,
İstanbul, Turkey

A 64-year-old woman admitted to our clinic with dyspnea. She had been diagnosed with cervical carcinoma 1 year ago and was initially treated with a total abdominal hysterectomy and a bilateral salpingo-oophorectomy. She was followed up without recurrence. An electrocardiogram showed low QRS voltage in the limb leads. Transthoracic echocardiography revealed normal left ventricle function and severe pericardial effusion, with a finding of cardiac tamponade. There was also a mass 29x33 mm in diameter on the right ventricle wall (Figure A,

Video 1*). The mass extended into the right ventricle outflow tract, and had a heterogeneous appearance with focal hypodense areas (Figure B, Video 2*). The mass was highly suspicious for a cardiac metastasis. Pericardiocentesis was performed and 500 mL of bloody fluid was drained. A pigtail catheter was then inserted for a day. The patient remained stable following pericardiocentesis. At her follow-up visit, control echocardiography revealed minimal pericardial effusion with no evidence of cardiac tamponade. Positron emission tomography-computed tomography was performed to rule out possible relapse of cervical carcinoma and detected metastasis in the myocardium and pericardium (Figure C). The fluid culture showed no bacterial or fungal growth. Acid-fast bacilli were not found on microscopy. The pathological examination demonstrated squamous cell islands in the pericardial fluid (Figure D).



Figures– (A) Transthoracic echocardiography shows severe pericardial effusion and the mass (asterisk) in the right ventricle. **(B)** Transthoracic echocardiography showing the mass in the right ventricular outflow tract and severe pericardial effusion at the parasternal short-axis window. **(C)** Positron emission tomography-computed tomography imaging shows the malignant mass in the right ventricle-pericardium. **(D)** The pathological examination revealing squamous cell islands in the pericardial fluid. AO: Ascending aorta; LV: Left ventricle; PE: Pleural effusion; RV: Right ventricle; RVOT: Right ventricular outflow tract. *Supplementary video files associated with this presentation can be found in the online version of the journal.