CASE IMAGE

Cervical adenocarcinoma presenting with a terrible combination: a giant cardiac mass, cardiac tamponade and pulmonary embolism

Korkunç bir birliktelik ile başvuran servikal adenokarsinom: Dev bir kardiyak kitle, kardiyak tamponad ve pulmoner emboli

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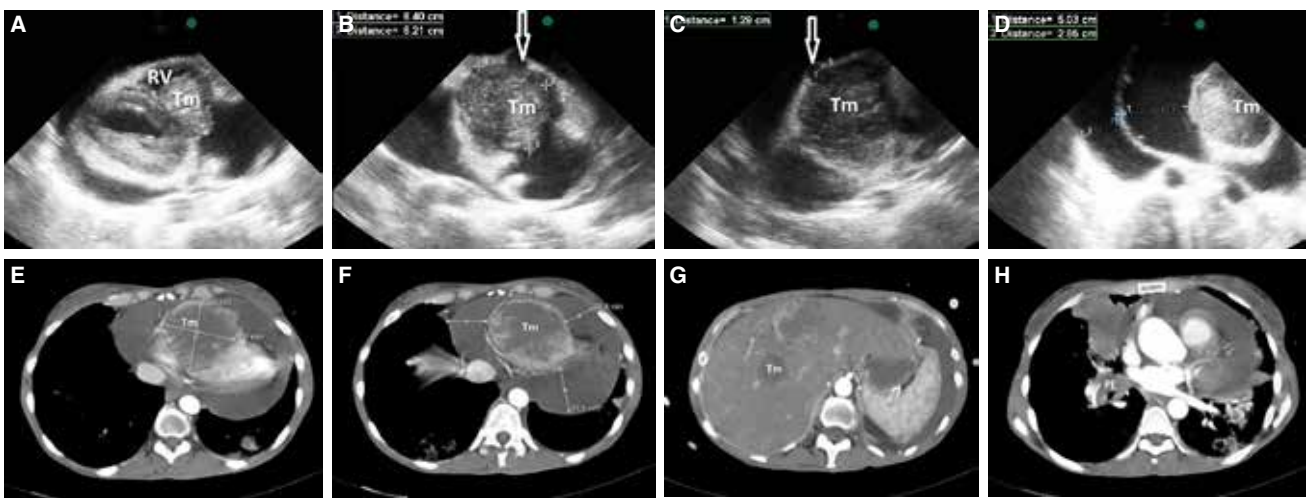
A 43-year-old woman diagnosed 11 months earlier with endocervical adenocarcinoma was admitted with dyspnea at rest. Initial examination revealed no audible heart sounds over the chest and hypotension (85/55 mmHg). Transthoracic echocardiography demonstrated massive pericardial and pleural effusion with additional huge right ventricular mass (64x62 mm) arising from interventricular septum and narrowing right ventricular outflow tract (Figure A-D; Video 1, 2[*]). Contrast enhanced thoracic computed tomography (CT) confirmed right ventricle was filled with large mass as well as pulmonary artery filling defects consistent with tumor embolism (Figure E-H). Urgent subxiphoid incision with pericardial drainage permitted removal of 650 mL of serosanguineous fluid. Pericardial fluid analysis showed exudative characteristic with diagnostic immunohistochemistry staining that demonstrated strong positivity for CA125, Kit-ligand-1, Ki67, and CK7. Cell block immunohistochemistry results led to diagnosis of cervical-type pericardial metastasis. Patient deteriorated during follow-up and died as result of multiple organ failure. Present case demonstrated concomitant fatal conditions of huge intracardiac mass, cardiac tamponade, and pulmonary tumor embolism secondary to cervical adenocarcinoma. To the best of our knowledge, this is largest metastatic malignant intracardiac mass secondary to cervical adenocarcinoma.



Figures– (A) Echocardiogram shows mass arising from interventricular septum and narrowing right ventricle outflow tract. **(B)** Huge mass with diameter of 64x62 mm and eroding the right ventricular free wall. **(C)** Right ventricular free wall eroded segment 1.29 cm in diameter. **(D)** Massive pericardial and pleural effusion. Computed tomographic scans revealing **(E)** huge mass filling the right ventricle, **(F)** large quantity of pericardial fluid, **(G)** metastases in the liver, and **(H)** pulmonary tumor embolism. **Supplementary video files associated with this presentation can be found in the online version of the journal.*