

## Cardiac invasion of the intrabronchial malignant mesenchymal tumor from left pulmonary vein

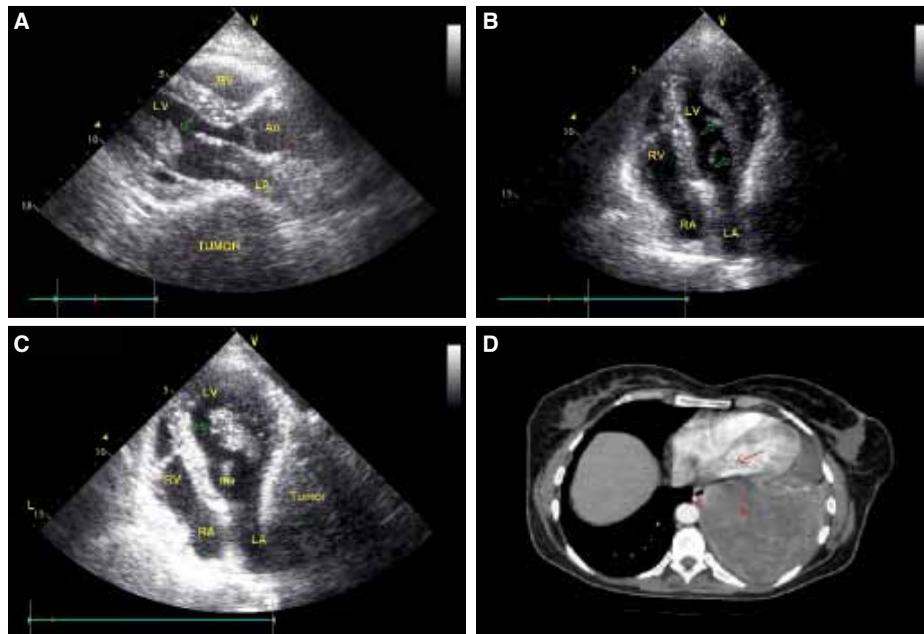
### *İntrabronşiyal malign mezenkimal tümörün sol pulmoner venden kardiyak invazyonu*

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A 54-year-old female with a history of intrabronchial malignant mesenchymal tumor for 6 months, and liver metastases detected 1 month ago, was admitted to the cardiology clinic for cardiac evaluation before chemotherapy treatment. Exertional dyspnea, angina or equivalent symptoms did not exist. On physical examination, there was no obvious pathology. Echocardiography revealed a huge mobile mass seemed to

originate from left atrial wall. The mass was moving up to the apex of the left ventricle during diastole and moving back again to the left atrium during systole (Figures A-C and Videos 1 and 2\*). Echocardiography was normal except for the mass. Cardiac MRI and thorax CT of the patient showed that the mass was entering to the heart by left pulmonary vein and originating from intrabronchial malignant mesenchymal tumor (Video 3 and 4\*, Figures D and E). The patient was directed to the departments of Cardiovascular Surgery and Medical Oncology immediately. It was decided to make a chemoradiation therapy. On the second day of hospitalization, patient has died due to ischemic cerebrovascular accident.



**Figures–** (A) Parasternal long axis view of tumor. LV: Left ventricle; RV: Right ventricle; Ao: Aort; LA: Left atrium. (B) Apical four chamber view of tumor. LV: Left ventricle; RV: Right ventricle; LA: Left atrium; RA: Right atrium. (C) Another view of apical four chamber. RV: Right ventricle; LV: Left ventricle; LA: Left atrium; RA: Right atrium; MV: Mitral valve. (D) Cardiac invasion of the tumor via pulmonary vein in thorax computed tomography. Red arrows show the tumor pulmonary vein and invasion of left atria. (E) Cardiac invasion of the tumor via pulmonary vein in cardiac magnetic resonance. Red arrow shows the tumors invasion of left atria via pulmonary vein. \*Supplementary video files associated with this presentation can be found in the online version of the journal.

