Two Cardiac Tumors, Two Atria, Two Different Outcomes

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Introduction: Cardiac tumors are rare but represent a significant part of cardio-oncological practice. These masses include benign and malignant tumors and tumor-like conditions (thrombi, vegetations). Cardiac tumors may be found incidentally during echocardiographic examinations or may present with symptoms. They can manifest with systemic symptoms, followed by local propagation or embolization.[1,2]

Case series: The first case involves a young man who, has not any serious illness, until now. He was hospitalized at the Neurology Clinic due to an ischemic cerebral attack. An urgent brain CT revealed thrombosis of the venous sinus. Echocardiographic evaluation showed a tumor mass measuring 22x55 mm in the left atrium, which, based on morphological characteristics, was consistent with a myxoma, confirmed by pathological diagnosis (**Figure 1**). The patient was operated on eight days after hospitalization and discharged after seven days. The further postoperative course was uneventful. The second case involves a 56-year-old female patient who was actively treated by a hematologist for non-Hodgkin lymphoma, with a known history of hypertension, diabetes, and coronary disease. During hospitalization and while receiving immunochemotherapy, she experienced transient bradycardia and became dyspneic. She was transferred to the Cardiology Intensive Care Unit and an urgent FOCUS echocardiogram was performed (**Figure 2**), which confirmed a hyperechoic cardiac tumor in the right atrium without affecting hemodynamics. CT angiography of the pulmonary artery ruled out pulmonary thromboembolism and described a filling defect in the right atrium, suspicious for a thrombotic mass. Considering that the cardiac tumor was located immediately adjacent to the central venous catheter, a mechanical thrombectomy was contemplated, but the procedure was abandoned due to the risk of embolization. Prescribed fibrinolytic therapy, alteplase, but with no regression of the cardiac mass in the right atrium. After that, the patient underwent surgery, the post-procedural course was complicated by the development of sepsis, and the outcome was fatal. Pathohistological diagnosis confirmed that it is non-Hodgkin's lymphoma, large B-cell type.

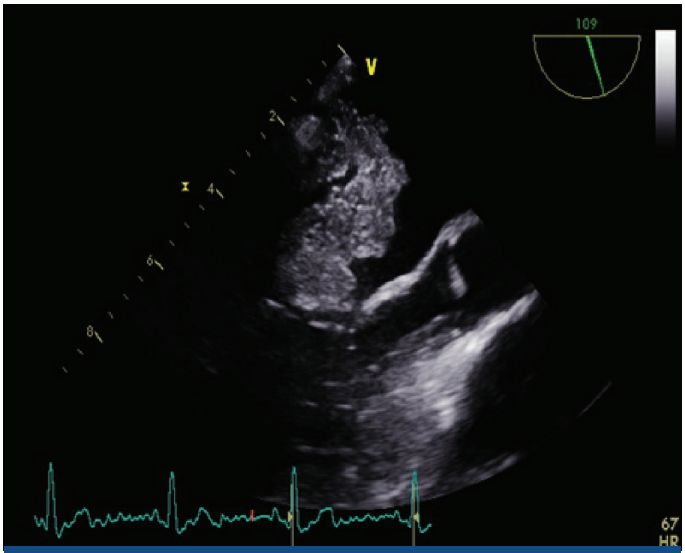

FIGURE 1. Left atrial myxoma.

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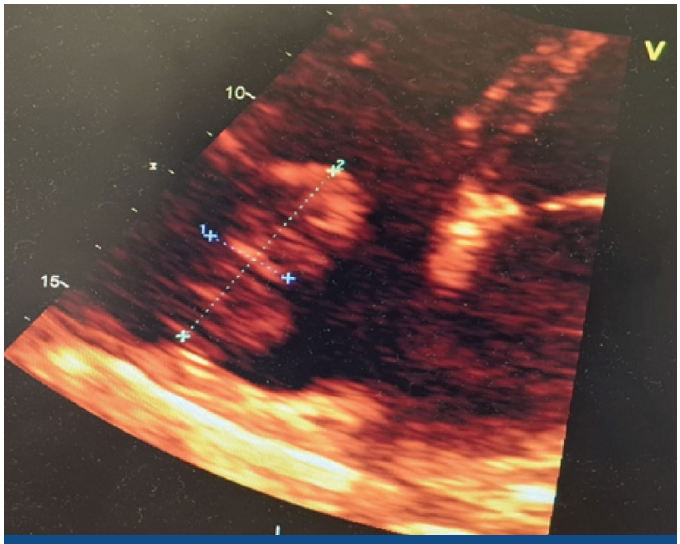

FIGURE 2. Cardiac tumor in the right atrium, 40x25mm.

Conclusion: Echocardiography is an effective method for detecting intracardiac masses. Details such as the shape, size, location and ultrasound characteristics, together with the patient's clinical presentation, are key factors that can significantly help in making diagnosis.

LITERATURE

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