Endocardiac metastases due to lung cancer

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A 62 years-old Caucasian women was admitted for exertional weight loss, arthralgia, myalgia and finger clubbing. Chest X-ray showed a dense opacification in the right lower lobe and subsequent CT confirmed the presence of a large mass occuping entirely the right lower lobe. A cardiological examination was performed before bronchoscopy and a possible mass in the left atrial was diagnosed by cardiac ultrasound. An MRI of the heart was performed which showed an intracavitary heart tumor in the left atrial caused by direct extention from the right pulmonary veins (Figures). The patient did not complain for any cardiological symptoms. The patient was diagnosed with lung adenocarcinoma while myalgia and arthralgia were attributed to hypertrophic pulmonary osteoarthropathy.

The heart can be metastasized by any malignant neoplasm able to spread to distant sites. Cardiac metastases are considered to be rare. Their incidence seems to range from 2.3% and 18.3% and usually appear in patients with disseminated tumor disease. Solitary metastases to the heart are very rare, while intracavitary growth of metastatic heart tumors is unusual and they rarely gain clinical attention.

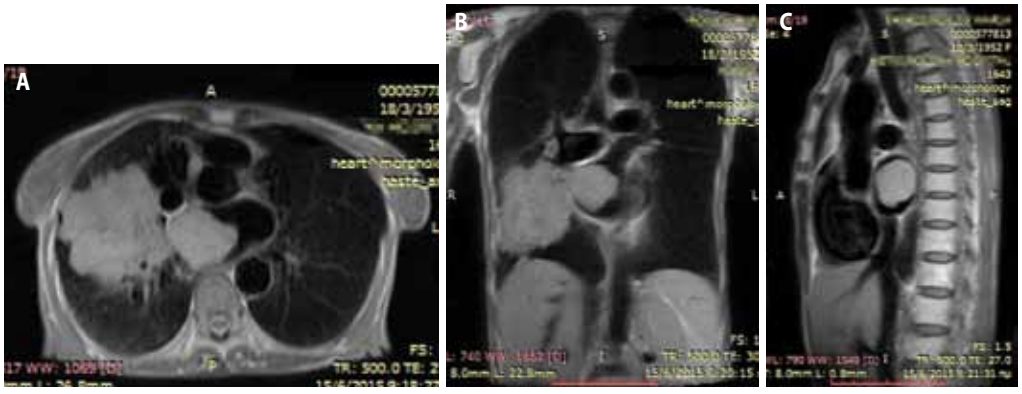

IMAGE. MRI images showing an intracavitary heart tumor in the left atrial caused by direct extention from the right pulmonary veins. The right lower lobe mass is also shown. (A. horizontal B. coronal, C. sagittal).

Clinically, secondary heart tumors usually remain silent. However, ultrasound examination of the heart should be performed as soon as symptoms of heart failure, angina pectoris, embolism or rhythm disturbances develop, or a new heart murmur becomes audible, or as soon as heart size increases radiologically. Additional information may be obtained by computer tomography or nuclear magnetic resonance imaging. The treatment is symptomatic and depends on the type of cardiac involvement.

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