

Right ventricular tumour in a patient with renal carcinoma and pulmonary/pleural metastases

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A woman aged 80 years, a non smoker with a history of arthropathy, arterial hypertension and atrial fibrillation presented with dyspnoea. Clinical examination showed decreased breath sounds and dullness to percussion over the left hemithorax, oedema of the lower extremities, distension of the jugular veins, peripheral lymph nodes not palpable. Chest X-Ray and computed tomography (CT) showed multiple pulmonary and pleural nodules of varying sizes, mainly in the left lung, a left pleural effusion and enlarged mediastinal lymph nodes (Fig. 1), and a tumour in the right ventricle (Fig. 2). Ultrasound (US) of the heart showed normal dimensions and function of the left ventricle and a tumour in the base of the right ventricle causing functional stenosis of the tricuspid valve. FNA of the left lung tumour showed the picture of metastatic renal adenocarcinoma (Fig. 3). CT of the upper/lower abdomen showed left renal tumour with peripheral necrosis and left Hydronephrosis with no ascites or enlargement of the lymph nodes (Fig. 4). The patient was given supportive treatment for the right heart failure. She died 5 months later of congestive heart failure.



FIGURE 1



FIGURE 2

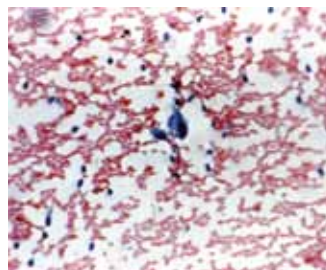


FIGURE 3



FIGURE 4

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