Fatal relapse of cardiac sarcoma: case report

Abstract:

Introduction:

Primary cardiac tumors are rare, with an incidence of 0.0017 to 0.019%. Seventy-five percent are benign, primarily myxomas, and 25% are malignant, primarily sarcomas. Because of the non-specificity of symptoms and the rarity of these tumors, they are often difficult to diagnose preoperatively and sometimes go unnoticed. The advent of modern investigative tools such as transesophageal echocardiography, CT and cardiac MRI increases the likelihood of a preoperative diagnosis. Because of the rarity of these tumors and the lack of large representative case series, there is no uniform approach to treating these patients, and the benefits of adjuvant therapy are unclear. We report a case of cardiac sarcoma treated in our hospital with a brief review of the current literature.

Case presentation:

A 41-year-old woman with no previous history of any particular problem presented with dyspnea and palpitations. On electrocardiogram, an atrial fibrillation was found, and on echocardiography, a large intra left atrial mass. This mass was surgically resected and the anatomopathological analysis of this tumor which was 3*2*1 cm concluded that it was a sarcoma. A control cardiac CT scan done after one month of surgery found a heterogeneous, largely aggressive necrotic tissue mass 7 cm in size. Three months later, the patient was rehospitalized because of the worsening of the symptoms of dyspnea and edema of the lower limbs. An echocardiography was redone having found this mass which prolapses through the mitral valve orifice during each diastole obstructing this orifice with a mean gradient of 13mmHg. A second follow-up CT scan was done which found an increase in size of the mass which was 9cm in long axis extending to both the left superior and left inferior pulmonary veins. An emergency surgery was indicated which consisted this time in a resection of the left atrium and the left lung with a reconstruction of the left atrium. But unfortunately her outcome was fatal.

Conclusion:

The evolution of cardiac sarcomas is rapid and their prognosis remains poor. A high index of suspicion is necessary to obtain a rapid preoperative diagnosis of these patients. Wide surgical excision remains the only proven therapy that improves symptoms and offers the potential for long-term survival in selected patients. The role of adjuvant therapy remains to be defined. Collection and analysis of larger series will improve and better address therapeutic strategies to improve the prognosis of cardiac sarcomas.

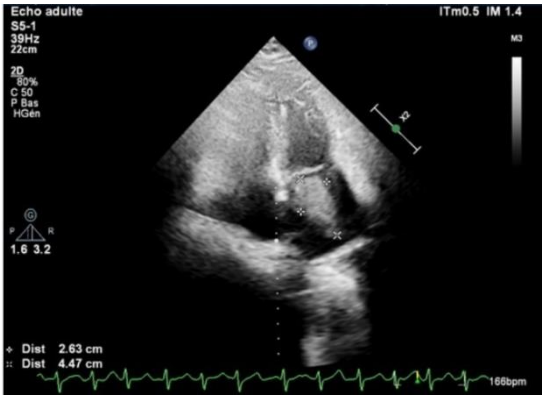

Figure 1: Echocardiography apical 4-chamber view illustrating a left atrial sarcoma

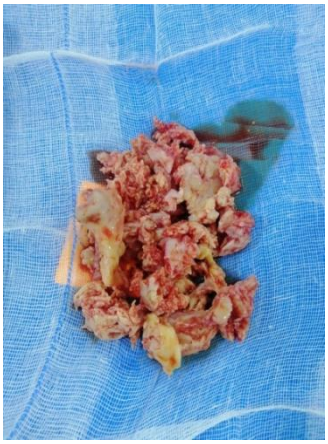

Figure 2: image of the surgical specimen