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Cardiac angiosarcoma: Clinical image

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Description

A 45-year-old male patient was admitted to hospital for a reported episode of tachycardia and chest pain followed by loss of consciousness. History of COPD in active smoking, drug abuse. Upon admission, a brain CT scan was performed resulting negative and a chest x-ray showed the presence of bilateral basal micronodules, for which a chest CT scan with contrast medium was performed. This examination showed "gross endoluminal thrombotic protrusion originating from the lateral wall of the right atrium with non-homogenous peripheral impregnation of the contrast medium infiltrating the myocardium and adjacent pericardium" as well as multiple pulmonary nodular lesions with random distribution, angiocentric.

A transthoracic echocardiogram was also performed which confirmed the presence of the aforementioned formation. Upon admission to the hospital department, broad-spectrum antibiotic therapy was undertaken on suspicion of infective endocarditis due to the finding of high inflammation index values. However, culture tests and transesophageal echocardiogram excluded this hypothesis. Urinary antigens for pneumococcus and Legionella pneumoniae, serology for atypical germs, VDRL, TPHA, HIV and HCV were also negative.The presence of a melanocytic lesion on the skin was also found which was subjected to surgical exeresis on which histological examination was carried out with the diagnosis of "melanoma in situ". In order to characterize the cardiac neoformation, MRI of the heart was requested which documented a voluminous mass with clear and polycylic outlines in correspondence with the right atrio-ventricular sulcus with a diameter of 90x67 mm", a picture compatible in the first hypothesis with cardiac angiosarcoma. To complete the diagnosis, a total body PET-CT was carried out which documented the presence of multiple lesions with high glucose metabolism, in particular in the right atrial, prevascular mediastinal lymph node, paratracheal, anterior costal phrenic sinus, pulmonary bilaterally, at the level of the left maxillary sinus , hepatic, right adrenal region, anal, and multiple lytic lesions at the level of the skeletal segments examined (bilateral shoulder blades, pelvis, femur, cervical spine).

Finally, a biopsy was performed at the level of the left iliopubic branch with histological examination, the result of which, received following the patient's death at home, was the diagnosis of: grade 2 angiosarcoma (WHO 5 ed).

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