'' Tricuspid Stenosis due to Cardiac Sarcoma''

Mirza Baig

Department of Cardiology, Bangor Hospital, North Wales, Gwynedd, UK.

Abstract

Primary cardiac sarcomas are a rare and aggressive tumour type with a high rate of recurrence, irrespective of treatment, and a poor prognosis. The age of presentation for cardiac sarcomas ranges from 1 to 76 years, with a mean age of around 40 years. Angiosarcoma and unclassified sarcomas account for approximately 76% of all cardiac sarcomas, of which angiosarcomas are the most common. Angiosarcomas are predominantly found on the right side of the heart, whereas osteosarcomas and unclassified sarcomas are predominantly found on the left side of the heart. Pericardial angiosarcoma is extremely rare.

Here we present a 32- year old male with Asian ethnicity, recently moved to the UK, with a history of non-specific symptoms including-abdominal pain, nausea and vomiting. On initial evaluation, everything pointed toward a gastroenterology (GI) aetiology, but increasing signs of right heart failure and an subsequent echo surprisingly revealed a right atrial mass extending into his right ventricle 8 x 3.7cm in size with an associated pericardial effusion. He was subsequently referred to both the cardiac surgical team and to local oncology once the diagnosis of primary cardiac sarcoma had been made. He has gone on to develop atrial flutter and severe left ventricular dysfunction and has thus been recently cardioverted. Presently, he is doing well and awaiting oncology and cardiology review. Although the diagnosis of primary cardiac sarcoma is rare, it should be considered in young patients presenting with non-specific symptoms and signs of right heart failure. Even with complete resection, most patients develop recurrent disease; hence median survival is typically less than one year.

Cardiac tumours need to be thought of in any young person presenting with decompensated heart failure or pericardial tamponade. This diagnosis is given more credence if there are associated features such as weight loss and anorexia.

Biography

My name is Mirza Baig, I am presently working as Cardiology Registrar in Bangor Hospital, North Wales UK. I am very passionate about working in Cardiology, I enjoy team work and make myself ready for challenges we face in our day-to-day practice. I have published one original research article and one case report.

I am delighted to present one more interesting case report which we came across in our hospital.

References

1. 1.Siontis BL, Zhao L, Leja M, Mchugh JB, Shango MM, Baker LH, et al. Primary Cardiac Sarcoma: A Rare, Aggressive Malignancy with a High Propensity for Brain Metastases. Sarcoma. 2019Oct;2019:1–6.

2. Bonow R, Braunwald E, Libby P, Mann D, Tomaselli G, Zipes D. Braunwald's heart disease. 11th ed. Philadelphia: Elsevier; 2019.

3. Uzar T, Erkaya K, Arslan U, E Atas A, Ekaterina P, Dirican A et al. Cardiac sarcoma: A Case Report. Journal of Cardiology Case Reports. 2019;2(1).

4 Talbot S, Taub R, Keohan M, Edwards N, Galantowicz M, Schulman L. Combined heart and lung transplantation for unresectable primary cardiac sarcoma. The Journal of Thoracic and Cardiovascular Surgery. 2002;124(6):1145-1148.

5. Mehra S, Ibrahim O, Moshiri M, Cahill J, Bhargava P. Spindle-cell sarcoma of the heart: A rare cause for a cardiac mass. Radiology Case Reports. 2012;7(4):792.

6. Fever in Patients with Cancer - Infectious Disease and Antimicrobial Agents [Internet]. Antimicrobe.org. 2020 [cited 27 May 2020]. Available from: http://www.antimicrobe.org/e13.asp

7. Arakelyanz A, Morozova T, Vlasova A, Lischke R. Cardiac tumours – a brief review. British Journal of Cardiology. 2020;.

8. Coli A, Chiariello G, Novello M, Colizzi C, Massetti M. Treatment of cardiac synovial sarcoma: experience of two cases. Journal of Cardiothoracic Surgery. 2018;13(1).