

Intracardiac Metastatic Sarcoma Presenting With Consumptive Coagulopathy – A Rare Case Report

¹Narhari P, ¹Chong JX, ¹Azid A, ¹Lee KH

¹Orthopaedic Department, Hospital Pulau Pinang, Jalan Resideni, 10990 Georgetown

INTRODUCTION:

Intracardiac metastasis rarely occurs with limb soft tissue sarcoma. Due to its rarity, to date, there are no standard protocol available in treating metastatic cardiac sarcoma¹. We report a rare case of intracardiac metastasis from a primary soft tissue sarcoma.

MATERIALS & METHODS:

We reviewed the case file of a patient presented with cardiac sarcoma a year after being treated for gluteal undifferentiated pleomorphic sarcoma.

RESULTS:

A case of non metastatic gluteal undifferentiated pleomorphic sarcoma presented after a year with transient syncope attack and mild shortness of breath. CXR revealed a globular heart (figure 1). ECHO revealed an intracardiac mass, measuring 19cm² occupying the right ventricle (figure 2) with multiple lung metastasis and consumptive coagulopathy. A multidisciplinary team consisting of orthopaedic oncology surgeon, radiologist, cardiothoracic surgeon, palliative medicine specialist and oncologist were rapidly involved in his care. In view of multiple lung metastasis, he was treated with palliative intent and succumbed to the disease within 3 weeks of presentation.

DISCUSSIONS:

Although cardiac metastasis is not as rare as primary cardiac sarcoma, metastasis from a primary sarcoma from limb are rarely reported¹. We review case reports on the rare presentation of metastatic intracardiac sarcoma. Consumptive coagulopathy of undetermined cause should raise suspicion on such lesion. Many options are available to treat cardiac metastasis from, resection of metastatic focus either with curative or palliative intent to heart transplant in cases when intent to treat is

curative. Despite that, the outcome is usually grave. Keeping this in mind, management is personalized for each patient by a multidisciplinary team approach and the patient and families should directly involve themselves in making decisions at these critical moments.

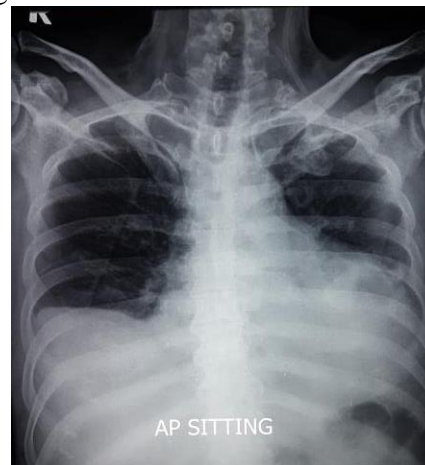


Figure 1: A globular heart triggering us to investigate the heart further.



Figure 2: Intracardiac mass occupying right ventricle

CONCLUSION:

High index of suspicion is needed to diagnose intracardiac metastasis, the management of which needs to be personalized by a multidisciplinary team.

REFERENCES:

1. Butany, J., Nair, V., Naseemuddin, A., Nair, G.M., Catton, C. and Yau, T., 2005. Cardiac tumours: diagnosis and management. *The lancet oncology*, 6(4), pp.219-228.