

Görüntülü olgu örnekleri

Case images

Endomyopericardial metastasis from laryngeal cancer

Larinks kanserinin endomiyoperikart metastazı

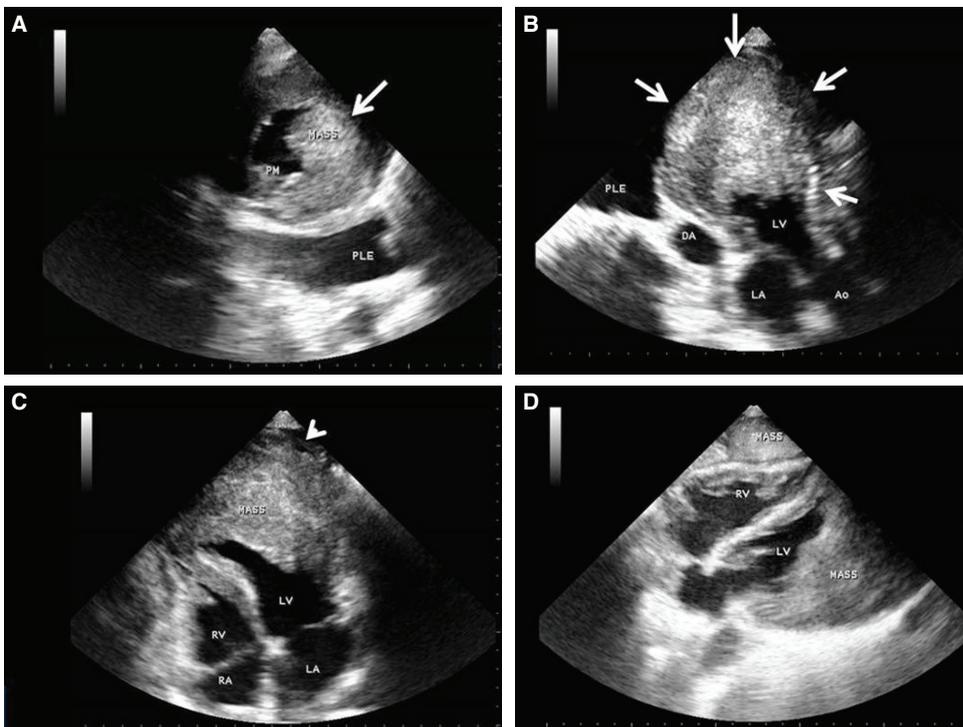
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A 47-year-old male with a tracheostomy presented with dyspnea over the previous six months which had worsened in the three days prior to presentation. He had previously been treated for squamous cell laryngeal cancer complicated with bone and lymphatic metastases. He had no history of heart disease. A targeted physical examination was consistent with congestive heart failure, and electrocardiogram and cardiac biomarkers did not suggest acute coronary syndrome. Transthoracic echocardiography revealed unusually massive infiltration of the left ventricular endomyopericardium by a mass of dimensions 7.21x7.56 cm, with obliteration of the apical two-thirds of the cavity, ultimately re-

duced systolic performance and elevated filling pressures (Fig. A-D, Videos 1-3*). The myocardium, cavity and the systolic performance of the right ventricle were spared but the pericardium was involved (Fig. C and D, Videos 1-3*). In view of the patient's clinical history, metastatic involvement of the heart secondary to laryngeal carcinoma was considered. Advanced cardiac imaging (e.g. computed tomography, magnetic resonance) was deemed unsuitable because the patient could not lie supine and hold breath. Ventilatory support, vasodilators and high doses of diuretics did not improve the clinical status and he died 12 hours after admission. Clinically-recognized cardiac metastases from laryngeal cancer are extremely rare. Echocardiography plays a key role in imaging of cardiac involvement from cancer. Here, we present demonstrative echocardiographic images of a laryngeal cancer patient with unusually massive cardiac involvement.



Figures— (A, B) Parasternal short and apical long-axis views of the left ventricle precisely demonstrating the endomyocardial giant mass (arrows) obliterating the apical one-third of the cavity. The large pleural effusion is also visible. **(C)** Apical four-chamber view showing apicolaterally located huge mass and the small amount of pericardial effusion (arrowhead). **(D)** Subcostal view demonstrating the metastatic mass, both in the left ventricular cavity and the right pericardial space. PM: Papillary muscle; PLE: Pleural effusion; LV: Left ventricle; RV: Right ventricle; LA: Left atrium, RA: Right atrium; Ao: Ascending aorta; DA: Descending aorta. *Supplementary video files associated with this presentation can be found in the online version of the journal.