

Rare Tumor Cardiac Tamponade

Taponamiento cardíaco tumoral no habitual

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These images correspond to a 21-year-old male patient with no cardiovascular history, presenting with progressive dyspnea of 10 days duration, lower limb edema, 3/3 jugular vein distension with diffuse thoracic venous congestion and a trend to hypotension with pulsus paradoxus. It was interpreted as cardiac tamponade. A Doppler echocardiography confirmed clinical tamponade of probable tumor origin. A chest CT angiography revealed a tumoral mass compressing the superior vena cava, the right atrium, and part of the right ventricle (Figures 1 A and B), requiring pericardiocentesis for symptomatic relief, tumor biopsy, chemotherapy, and radiation therapy. Pathological examination revealed non-Hodgkin lymphoma.

The most common causes of spontaneous cardiac tamponade are associated with compression of cardiac chambers due to pericardial effusion of various origins. Tamponade caused by tumors has seldom been reported in the literature. (1-3) In the practice of cardiology, direct myocardial compression by a tumor mass is rare and associated with pericardial effusion. In some cases, depending on the tumor line, pericardiocentesis and surgical excision are considered as part of the treatment.

Conflicts of interest

None declared (See authors' conflicts of interest forms in the website/ Supplementary Material).

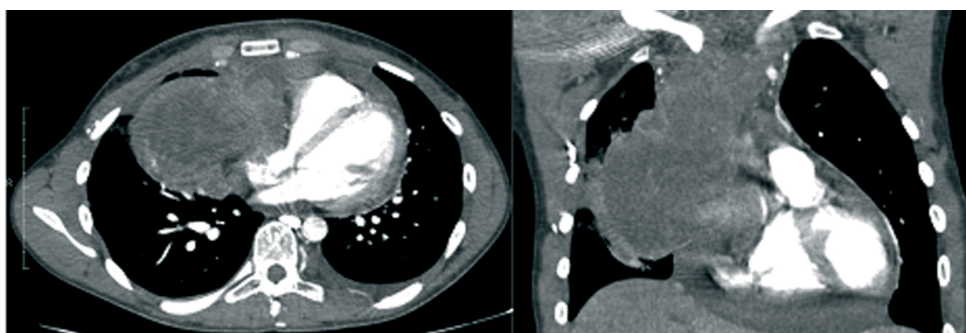


Fig. 1. A. Tumor compressing the right atrium and part of the right ventricle. **B.** Sagittal section of the tumor showing atrial collapse and pericardial effusion.

REFERENCES

1. Rothermel L, Gilkeson R, Markowitz AH, Schröder C. Thoracoscopic resection of a giant teratoma compressing the right heart. *Interact Cardiovasc Thorac Surg* 2013;17:594-7. <http://doi.org/bp9q>
2. Sankar NM, Thiruchelvam T, Thirunavukkarasu K, Pang K, Hanna

WM. Symptomatic lipoma in the right atrial free wall. A case report. *Tex Heart Inst J* 1998;25:152-4.

3. Israeli A, Rein AJ, Krivisky M, Libson E, Uziely B, Michaeli J. Right ventricular outflow tract obstruction due to extracardiac tumors. A report of three cases diagnosed and followed up by echocardiographic studies. *Arch Intern Med* 1989;149:2105-6. <http://doi.org/d3h792>

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