

Intracardiac proliferation of a very aggressive primary lung cancer

Antonio di Virgilio, Silvio Olivito, Pasquale Mastroroberto, Antonietta R. Marchese, Attilio Renzulli

Unit of Cardiothoracic Surgery, "Magna Graecia" University, Catanzaro, Italy

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Address:

Dr. Antonio di Virgilio

Via L. Gallucci, 7
88100 Catanzaro
E-mail: adivirgilio@tin.it



Figure 1. Transesophageal echocardiography. A: the mass grows through the left superior pulmonary vein (PV), filling it completely. B: the cauliflower mass, with large areas of necrosis, continues to proliferate freely inside the left atrial cavity. LA = left atrium; N = neoplasm.

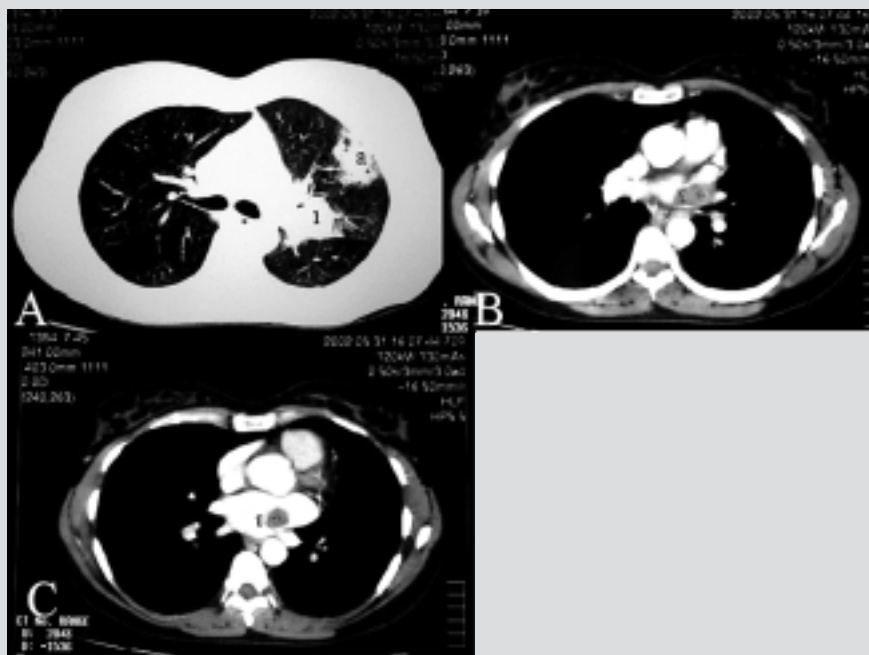


Figure 2. Thoracic computed tomography scan. A: pulmonary carcinoma originating from the left upper lobe bronchus; a small area of lung atelectasis (a) is also visible. B: the mass infiltrates the left upper pulmonary vein and the roof of the left atrium. C: free floating of the mass into the atrium. 1 = neoplasm.

A 43-year-old female smoker was admitted to our department with an echocardiographic diagnosis of left atrial myxoma necessitating emergency surgical treatment. She complained of a 3-day history of fever and thoracic pain. Transesophageal echocardiography (Fig. 1) confirmed a left atrial mass arising from the left superior pulmonary vein. A thoracic computed tomography scan (Fig. 2) showed a pulmonary mass originating from the left upper lobe bronchus, infiltrating the left superior pulmonary vein and the roof of the left atrium and protruding into the cavity. A total body computed tomography scan showed multiple cerebral and abdominal metastases. For this reason, it

was decided to start the patient on chemotherapy.

Surgical treatment was delayed, and bronchoscopy was performed; an endobronchial mass was identified in the left upper lobe bronchus and histology confirmed a large cell lung carcinoma.

Lung cancer often invades the pulmonary veins; therefore, the images here reported may be common. However, in the echocardiography era, when the indication for the surgical treatment of atrial myxoma may be performed only on the dates when transthoracic echocardiography is available, such findings confirm the importance of an accurate preoperative evaluation in all patients with an atrial mass.