

Abstract

While most intra cardiac tumors are benign, metastatic tumors to the heart are seldom seen. We report a patient with a fatal rare metastatic malignant cardiac tumor which mimicked a cardiac myxoma. A 63-year-old male with long standing diabetes and background short history of bronchial asthma presented with angina and exertional shortness of breath. He also had anemia and thrombocytopenia with normal liver and coagulation profile. Ultrasonography of abdomen showed cirrhosis of liver with mild ascites with no focal lesions or portal hypertension.

Endoscopic studies were normal except mild antral gastritis.

Transthoracic echocardiography [TTE] showed a large elongated pedunculated right atrial mass extending in to the right ventricle [RV] through the tricuspid valve [TV] with significant right atrial outflow obstruction at tricuspid valve and a mild pericardial effusion. Computed tomography pulmonary angiogram [CTPA] showed pulmonary embolism [PE] with mild bilateral pleural effusion. The typical triad of constitutional symptoms, obstructive effects and embolic phenomena were suggestive of a cardiac myxoma and he underwent cardiac mass excision. The tumor was attached to the IVC margin and extended to the RV through the TV and was removed piecemeal. The histological diagnosis was hepatocellular carcinoma [HCCA] with Hep Par 1 immunohistochemical marker. Clinically silent HCCA is and this patient additionally had intra-cardiac metastasis with RV out flow tract obstruction and PE likely to be lung secondaries. This case report highlights the importance of considering HCCA as a differential

