

Extracardiac Lung Adenocarcinoma

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Financial Disclosures: None reported.

Support: None reported.

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Submitted February 22, 2019; revision received

April 10, 2019;

accepted April 15, 2019.

A 67-year-old man presented with dyspnea and hemoptysis for 2 days. His medical history included atrial fibrillation, anemia, chronic kidney disease, hypertension, and tobacco and alcohol dependence. Evaluation revealed atrial fibrillation with a rapid ventricular rate and absent breath sounds on the left lung. Computed tomography (CT) demonstrated left pleural effusion with complete atelectasis, opacification of the lung bronchi, and left-to-right mediastinal shift (**image A**). Echocardiography revealed a 7.8-cm hyperechoic extracardiac mass moving synchronously with the heart. Underfilling of the left ventricle was due to compression of the lateral and inferior ventricular walls (**image B, video**). Pathologic findings supported a diagnosis of primary metastatic adenocarcinoma of the lung. Pleural effusions and airway patency were managed with a catheter and radiation. Symptoms improved with palliative paclitaxel and carboplatin.

Metastases to the heart are much more common than primary cardiac tumors and are generally associated with poor prognosis. Lung carcinoma is the most common cancer to metastasize to the heart and pericardium,¹ and the most involved site is the pericardium.² Cardiac metastases are often found in patients with advance stage of disease. The most important goals for management include palliative care and involvement of multi-disciplinary teams of specialists.³ (doi:10.7556/jaoa.2019.129)

References

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