

Clinical Image

Large Right Ventricular Metastasis of Melanoma

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A 62-year-old female was referred for congestive heart failure. Clinical history included diffuse malignant melanoma and no previous heart disease. She was in poor general conditions and lamented dyspnea, with no other cardiovascular symptoms. Physical examination showed jugular turgor, normal heart sounds without murmurs, lower limb edema and hepatomegalia with pronounced hepatojugular reflux. The ECG showed sinus rhythm, Q waves in the inferior leads and diffuses T-wave inversion (panel A). Differential diagnosis included: pulmonary embolism, cardiotoxicity from chemotherapy, pericardial effusion but even unrecognized myocardial infarction. Echocardiogram is the cornerstone for differential diagnosis. What we found was none of our suppositions, and it is depicted in panel B: a large mass occupying almost the whole right ventricle growing from the apex to just above the tricuspid valve. Because there was no obstruction in right ventricular inflow and outflow, the condition was not lethal. New cancer treatment has improved patient longevity, so is more frequent to meet cardiac metastasis.

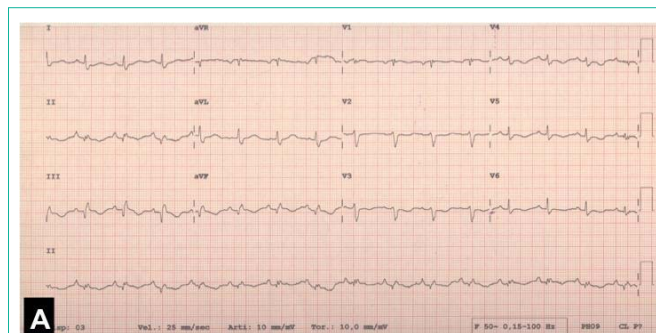


Figure A: Sinus rhythm, Q waves in the inferior leads and diffuses T-wave inversion.



Figure B: A large mass at whole right ventricle growing from the apex to just above the tricuspid valve.