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IMAGES IN CARDIOLOGY

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Lung cancer in natural history crossing the pericardium: a rare echocardiographic view

A 70-year-old man, with an untreated and histologically undefined (of his own free will) lung cancer (diagnosed 5 years before) was admitted to our ambulatory for increasing dyspnoea and progressive exercise intolerance. Apical four-chamber echocardiographic findings (panel A) were a large and fixed bilobate mass on the left atrial (LA) lateral wall (that appeared firm) and a little pericardial serous effusion. Pulmonary artery pressure was 45/14 mm Hg. The thoracic

contrast-enhanced computed tomography (CT, panel B) showed a wide pulmonary cancer affecting the left main bronchus with lung collapse, the left pulmonary artery (completely obliterated) and the left atrium crossing the pericardium (by continuity; panel B, dotted arrows).

A left atrial mass, generally rare, is more infrequently due to a secondary cardiac tumour (because of the heart contractility and the high coronary flow velocity). In our patient, the atrial mass was uniform (an

overlapped thrombosis was unlikely) and bilobate (probably for an associated metastatisation through a left pulmonary vein). The echocardiographic view (with an unmistakable CT image) of metastatisation from the lung (the most common metastatic cardiac tumour) into the heart by continuity is rare, almost certainly, due to a prolonged natural history.

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