Relapsed pulmonary sarcoma presenting as congestive heart failure

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Published online: 21 April 2011
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A 28-year-old woman presented with a 3-week history of progressively worsening shortness of breath, orthopnoea and peripheral oedema. She was previously diagnosed with metastatic pulmonary sarcoma, necessitating right middle-lower lobectomy. She was distressed, hypoxic and hypotensive, with bilateral pitting oedema and a raised jugular

venous pressure. A transthoracic echocardiogram revealed a sizable cavitated echogenic mass compressing the left ventricle (Fig. 1a and b). Contrast-enhanced chest computed tomography confirmed the presence of a large, fusiform-shaped, soft tissue mass compressing the left ventricle and causing rightward deviation of the heart (Fig. 2). Histology

Fig. 1 a and b Transthoracic apical three-chamber view showing a large cavitated echogenic mass (*arrow*) compressing the left ventricle: LA left atrium, LV left ventricle

Electronic supplementary material The online version of this article (doi:10.1007/s12471-011-0107-3) contains supplementary material, which is available to authorized users.

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Fig. 2 Contrast chest computed tomography showing a sizable pulmonary sarcoma (*arrow*) causing rightward displacement of the heart: RA right atrium, RV right ventricle, LV left ventricle

following resection confirmed the presence of a relapsed pulmonary sarcoma.

Pulmonary sarcomas typically present in adolescents and young adults and carry a poor prognosis [1]. Compression of the heart chambers by extracavitary masses is usually caused by large hiatus hernias, aortic aneurysms and tumours and may rarely present as cardiac tamponade or congestive heart failure [2].

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