CLINICAL SNAPSHOT

Decompensated Right Heart Failure Caused by Large Tumor Masses

Cardiac and upper abdominal CT reveals a polyp-like tumor (58 × 55 mm) in the right atrium. The tumor is a) attached to the floor of the right atrium and b) extends through the ostium of the inferior vena cava into the hepatic venous outlets.

A 70-year-old man presented to the hospital with diffuse abdominal symptoms and ankle edema. Diagnostic studies revealed a hepatic parenchymal abnormality and marked ascites, and a liver biopsy was performed via laparoscopy. Histological examination revealed extensive subacute acinocentral parenchymal necrosis, which was interpreted as being due to right heart failure. After medical treatment for right heart failure, the transaminases returned to the normal range (GOT 24.7 U/L [10.0–50.0], GPT 22.2 U/L [10.0–50.0]), while the cholestatic parameters remained mildly elevated (AP 140.0 U/l [40–129], γGT 168 U/L [<66]). Recurrent pulmonary embolism was suspected, and a chest CT was obtained. This surprisingly revealed a mass measuring ca. 6 cm in the right atrium, extending caudally into the inferior vena cava and hepatic venous outlets. There was also a lesion measuring 3 cm in segment 8 of the right lobe of the liver. The right atrial tumor was removed and histological examination revealed fragments of a well-differentiated primary hepatocellular carcinoma. The patient declined oncologic treatment against medical advice and died of this disease.

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Conflict of interest statement

The authors declare that no conflict of interest exists.

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