Right ventricle tumour presenting with progressive heart failure symptoms

Guz prawej komory jako przyczyna narastających objawów niewydolności serca

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A 49-year-old woman without prior cardiovascular disease was admitted to the Department of Cardiology due to rapidly progressive symptoms of general weakness, fatigue, presyncope and dyspnoea (NYHA III, CCS 0). The patient had a long-standing history of cancer with a primary presentation 15 years before (liposarcoma of the right thigh treated with surgery, chemotherapy and radiotherapy). Two-dimensional transthoracic echocardiography (2D-TTE) revealed a large tumour of $6 \times 3$ cm in the right ventricle (RV) with a majority of the mass located in the RV outflow tract and a mobile mass in the inflow part swinging with the blood flow into the right atrium (RA). Both cavities (RV and RA) were significantly enlarged with a moderate compression of the left atrium and left ventricle (preserved systolic function). Doppler examinations showed a significant gradient through the tricuspid and pulmonary valves with severe tricuspid regurgitation and increased RV systolic pressure (70–75 mm Hg). 3D-TTE did not provide the necessary additional data, which was obtained using the following multimodality imaging: cardiac computed tomography and cardiac magnetic resonance. Afterwards, the patient was qualified for cardiosurgery, where the tumour mass was completely removed with a patch reconstruction of the RV free wall and a tricuspid annuloplasty due to significant residual tricuspid regurgitation. There were no clinical complications of the surgery, and the histopathological examination confirmed the liposarcoma nature of the mass. The woman is in a good general condition (NYHA 0/I) during a six-month follow-up, with no cancer recurrence (Figs. 1–4).

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