Out of a sudden: A chest wall mass with metastasis to the heart

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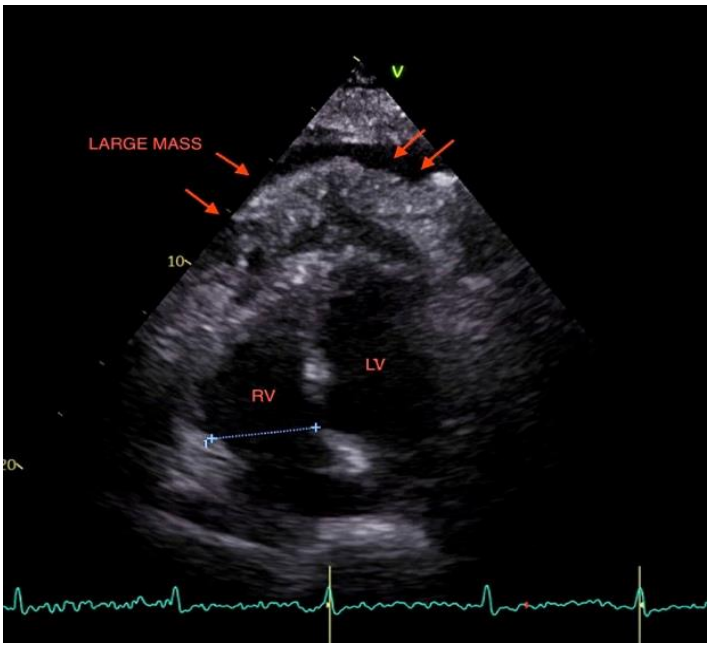
A 76-year-old man presented with shortness of breath for one month. Prior medical history was largely unremarkable, except for hypertension. Over about 4 weeks he noticed growth of a left soft tissue underneath the left breast measuring about 20 cm. CT revealed malignant soft tissue tumor of the left anterior chest wall with invasion to the left hemidiaphragm, left cardiac fat pad and pericardium. The patient underwent a biopsy which showed diffuse large B cell lymphoma. He was started on chemotherapy but unfortunately, treatment was ineffective.

Echo finding:



Normal biventricular function. No significant valvular abnormalities. No significant pericardial effusion. There is a large mass in the pleura-pericardial space wrapping around the left and right ventricles. No evidence of chamber collapse. There was no mass on his previous echo 6 months ago.

Discussion:

Primary pericardial malignancies are extremely rare. Metastases to the heart and pericardium are much more common than primary cardiac tumors and are generally associated with a poor prognosis. The most common metastatic tumor involving the pericardium is lung cancer; others include breast, esophageal cancer, melanoma and lymphoma. Cardiac and pericardial involvement of lymphoma is extremely rare. Diffuse large B-cell lymphoma is the most common subtype with an aggressive clinical course. Echocardiography remains the key method for diagnosis of cardiac masses though Cardiac Magnetic Resonance (CMR) and Cardiac Computed

Tomography (CT) are associated with improved tissue characterization with better spatial and temporal resolutions.