

The Silent Creeper

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Cardiac masses have been considered a diagnostic and therapeutic challenge being most commonly discovered accidentally and late. The incidence of secondary cardiac tumor is about

7.1% in cancer patients with about 2.3% among general population.

Hepato-cellular carcinoma (HCC) is the third-leading cause of cancer-related mortality worldwide. HCC rarely causes invasion of the inferior vena cava or the heart.

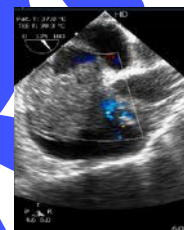
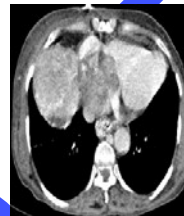
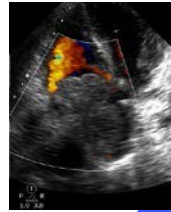
We, however, present a case of HCC with secondary cardiac invasion who remained undiagnosed with HCC until being examined by echocardiography.

Case report:

●A 64 year old female patient without any past medical history presented to our out-patient clinic complaining of abdominal distension since 3 weeks.

On examination, a mid-diastolic murmur, increasing in intensity with inspiration, was heard at the lower one third of the sternum. Abdominal examination revealed diffuse distension of the abdomen with the presence of mild - moderate ascites.

Trans-thoracic echocardiography was done revealing a huge right atrial mass with partial obstruction to the tricuspid valve.



●Trans-esophageal echocardiography was done at the same session revealing a huge mass entering the right atrium from the inferior vena cava. Tri-phasic Multi-slice Computed Tomography was done revealing diffuse cirrhosis of the liver with a bulky HCC originating from the left hepatic lobe with invasion of the inferior vena cava and direct extension to the right atrium and with an intra-luminal thrombus.

The patient suffered from atrial flutter with unstable hemodynamics and received a DC shock.

Unfortunately, few hours later, the patient suffered from atrial flutter with unstable hemodynamics followed by asystole.

Conclusion:

Bedsie echocardiography remains the mainstay for the diagnosis of cardiac masses.

Patients with HCC and inferior vena cava infiltration should always have a follow up echocardiography for early detection of right atrial extension and further showers of pulmonary embolism.