Lung adenocarcinoma invading the left auricle

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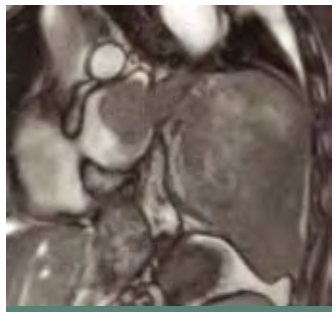
Lung adenocarcinoma is the leading cause of death by cancer in developed countries, with an incidence increasing considerably in women.[1] In spite of the evolution on diagnostic methods and the emergency of new therapeutic tools, lung cancer is associated to a bad prognosis.

It is described the case of a female patient, 80 years old, Caucasian, with a history of arterial hypertension and hyperthyroidism. There is no known history of smoking or malignant neoplasm. She was referred to an Internal Medicine appointment in the context of an inaugural syncope. In the clinical history, the patient also referred asthenia and repeated respiratory infections evolving for around two years.

The syncope investigation was started with a transthoracic echocardiography showing a mass in the left atrium of wide dimensions, with a small cavitation, with diastolic protrusion into the left ventricle. As it is not possible to identify its limits, a heart magnetic resonance imaging confirming the existence of a mass in the left atrium, of irregular borders, continuing with a pulmonary formation of wide dimensions, occupying almost the whole of the left hemithorax, suggesting a lung neoplasm with a left atrium invasion *(Fig. 1)*. A transthoracic aspiration puncture directed by CAT *(Fig. 2)*. The histology result has shown a lung adenocarcinoma. The patient has started chemotherapy but she died.



Heart Magnetic Resonance (T2 ponderation, coronal section) showing a pulmonary mass of wide dimensions invading the left atrium.

FIG. 1

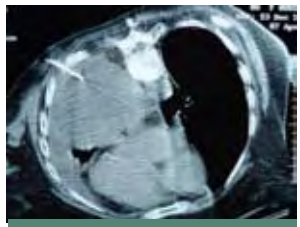


Figure 2 – Transthoracic aspiration puncture directed by CAT scan (axial section, patient in ventral decubitus).

FIG. 2

Heart metastases are rare and associated to a bad prognosis.[2] The most frequent tumors implied are the lung, lymphoma and melanoma.[2] Clinically they manifest themselves with pericardium involvement (effusion, pericarditis, buffering), rhythmic changes and conduction, heart failure or embolism.[2,3] They indicate a disease in advanced stage, but seldom are a cause of death. In clinical suspicion, the echocardiography is, usually, the initial diagnosis method,[3,4] and should be complemented with magnetic resonance to clarify the lesions extent and nature.[4] ■

References

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