■ Primarni angiosarkom srca: prikaz slučaja Primary cardiac angiosarcoma: a case report

Diana Rudan,
Željko Sutlić,
Boris Starčević,
Mario Udovičić,
Sandra Jakšić-
Jurinjak,
Petra Vitlov*

Klinička bolnica Dubrava,
Zagreb, Hrvatska
University Hospital Dubrava,
Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Petra Vitlov, Klinička bolnica Dubrava, Avenija Gojka Šuška 6, HR-10000 Zagreb, Croatia. / Phone: +385-98-899-1911 / E-mail: petra.vitlov@gmail.com

ORCID: Diana Rudan, <http://orcid.org/0000-0001-9473-2517> • Željko Sutlić, <http://orcid.org/0000-0001-6926-9436>
Boris Starčević, <http://orcid.org/0000-0002-3090-2772> • Mario Udovičić, <http://orcid.org/0000-0001-9912-2179>
Sandra Jakšić-Jurinjak, <http://orcid.org/0000-0002-7349-6137> • Petra Vitlov, <http://orcid.org/0000-0001-6983-1409>

Uvod: Primarni angiosarkom srca je iznimno rijetka maligna bolest. Angiosarkom srca, najčešći primarni maligni tumor srca u odraslih, ima lošu prognozu. Dijagnoza se najčešće postavlja kasno zbog nespecifičnih simptoma bolesti. Oni se javljaju ovisno o veličini i lokalizaciji tumora. Zlatni standard dijagnostike predstavlja ultrazvuk srca. Potpuna kirurška resekcija poboljšava preživljenje. Postoperativna kemoterapija ili radioterapija nema značajan utjecaj na preživljenje.¹⁻³

Prikaz slučaja: Prikazujemo slučaj četrdesetsedmogodišnjeg muškarca s primarnim angiosarkomom srca. Njegovi inicijalni simptomi su bili palpitacije, dispneja i hemoptize. Transtorakalnim i transezofagusnim ultrazvukom srca verificiran je perikardijalni izljev s abnormalnom strukturom u desnom atriju čije su dimenzije 4,0 x 5,4 cm s filamentoznim tračcima koji idu kroz trikuspidni zalistak u desni ventrikl. Učinjena je magnetna rezonanca srca kojom je prikazano da se tumor nalazi u desnom atriju te infiltrira kako endokard tako i epikard. Zbog naglašenog rasta tumora učinjena je djelomična resekcija tumora i plastika desnog atrija. Histološki nalaz odgovarao je primarnom angiosarkomu srca.

Zaključak: Ovaj prikaz slučaja naglašava teškoće rane dijagnoze i terapijskog liječenja bolesnika s angiosarkomom srca.

Introduction: Primary angiosarcoma of the heart is an extremely rare malignant disease. Angiosarcoma of the heart, the most common primary malignant cardiac tumour, is known to carry a dismal prognosis in adults. Diagnosis is often delayed because of its nonspecific clinical presentation. Symptoms appear depending on the size and location of the tumor. Echocardiography has become the primary diagnostic technique because of its high degree of accuracy, non-invasiveness, and cost-effectiveness. Complete surgical resection is required for improved survival rates. Conventional postoperative chemotherapy or radiotherapy does not appear to modify the clinical course.¹⁻³

Case report: We present a case of 47-year-old male patient with primary cardiac angiosarcoma. He presented with palpitations, shortness of breath and hemoptysis. Transthoracic and transesophageal echocardiograms verified the presence of with a 4.0 x 5.4 cm intracavitary mass arising in the right atrium and passing through the tricuspid valve. Magnetic resonance scanning showed that the cardiac tumor arose from the right atrium and had infiltrated both the epicardium and endocardium. Because of its extended growth, partial resection of the tumor was performed with patch plastic in the right atrium. The histology findings indicated primary angiosarcoma.

Summary: This case highlights the difficulties in both the early diagnosis and the management of patients with cardiac angiosarcoma.

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LITERATURE

1. Agaimy A, Rösch J, Weyand M, Strecker T. Primary and metastatic cardiac sarcomas: a 12-year experience at a German heart center. *Int J Clin Exp Pathol.* 2012;5(9):928-38. **PubMed:** <https://www.ncbi.nlm.nih.gov/pubmed/23119110>
2. Patel SD, Peterson A, Bartczak A, Lee S, Chojonowski S, Gajewski P, et al. Primary cardiac angiosarcoma-a review. *Med Sci Monit.* 2014;20:103-9. **DOI:** <http://dx.doi.org/10.12659/MSM.889875>
3. Tang K, Shang QL, Zhou QC, Zhou JW, She XL, Zhang M. Primary cardiac angiosarcoma with spontaneous ruptures of the right atrium and right coronary artery. *Echocardiography.* 2013;30(6):E156-60. **DOI:** <http://dx.doi.org/10.1111/echo.12176>