

Control Number: 10

Abstract Category: Clinical Case Challenge in Cardio-Oncology

Title: Non Anthracycline Cardio-toxicity in a Patient with Mediastinal Sarcoma

ABSTRACT BODY

Background and Purpose

Pazopanib cardiotoxicity is a rare complication of chemotherapy.

Case Description and Outcomes

A 33 year old lady previously treated by Doxorubicine was consulted for stage IV heart failure with ankle edema ascites and left-sided hemothorax. A mediastinal tumor, which proved to be synovial sarcoma, was compressing the right branch of main pulmonary artery (PA) was seen on computed tomography (CT) Figure 1. Echocardiography (EchoCG) revealed right ventricular and right atrial dilatation, a PA transtenotic gradient of 70 mmHg, with left ventricular ejection fraction (LV EF) of 0,46. Her medical history included a sarcoma of the middle third of the diaphysis of the left tibia in 2006 and an amputation of the distal third of the left thigh (2006). From 2006 till 2017 at least 6 courses of Doxorubicine chemotherapy were performed. Cardioprotection with Doxrazoxane were used at every course. Extended lower left lobectomy with resection of the segments of pericardium has been performed because of metastases in the left lung in March 2017. In October 2018 patient was treated by oral Pazopanib 800 mg and Spironolactone 100 mg daily for 3 weeks and left thoracocentesis. Alleviation of peripheral edema and symptomatic improvement was achieved. No PA compression and righta ventricular dilatation was detected on CT (Figure 2). The PA gradient dropped to 30 mmHg, right heart overload had never persisted, however, LV dilatation and LV EF reduction to 0,25 was mentioned on EchoCG. The cardiooncology team decided to continue treatment with half a dose of Pazopanib of 400 mg daily. Enalapril and Bisoprolol were started in minimal doses followed by up-titration. CT scan at the end of January 2019 revealed a reduction of the mediastinal tumor. LV EF by EchoCG improved up to 0,40. Pazopanib daily dose was increased up to 800 mg without significant adverse effects. She was asimptomatic for 10 months befor she died 11 months later because of metastatic brain involmnet and hemorrhagic stroke.

Discussion

This is unusual case of Pazopanib cardio-toxicity in a patient with preexisting anthracycline therapy.

References

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2. Sternberg CN, Davis ID, Mardiak J, Szczylik C, Lee E, Wagstaff J, Barrios CH, Salman P, Gladkov OA, Kavina A, ZarbáJJ, Chen M, McCann L, Pandite L, Roychowdhury DF, Hawkins RE. Pazopanib in locally advanced or metastatic renal cell carcinoma: results of a randomized phase III trial. J Clin Oncol. 2010;28(6):1061. Epub 2010 Jan 25.

Image 1



Image 2

