

**Control Number:** 24

**Abstract Category:** Clinical Case Challenge in Cardio-Oncology

**Title:** Left Cardiac Intracavitary Metastases from a Primary Thigh Myxofibrosarcoma Associated with Systemic Embolization: Clinical Case Challenge

## **ABSTRACT BODY**

### **Background and Purpose**

Myxofibrosarcoma (MFS) represent approximately 5% of soft tissue sarcoma diagnoses and the rates of metastasis from 9.5% to 23.6%. However, intracardiac metastasis is extremely rare, only represents 3% to 5% of cardiac metastases.

### **Case Description and Outcomes**

A 52-year-old woman diagnosed with MFS high grade in December 2018, initially treated with surgery and radiotherapy (RT). After seven months the tumor had a local recurrence and a new approach was required. In November 2019, the patient was hospitalized due abdominal pain associated with stop flatus and a computed tomography (CT) was performed. The CT image showed a heart with elongated hypoattenuating image inside the left ventricle and thrombosis of the superior mesenteric artery with extension to the left jejunal branch. She performed an echocardiogram that showed hyperechogenic image adhered to the lateral and inferior left ventricular wall, with moving components, measuring approximately 4.0 x 2.5 cm, which may correspond to thrombus or tumor. A cardiac magnetic resonance confirmed tumoral infiltrative lesion in the left ventricular intracavitary topography located in the basal and middle lateral segments, measures about 4.0 x 2.5 x 3.5 cm. Presence a small image with low signal interspersing the lesion suggests thrombi. After the exams a diagnosis of left cardiac intracavitary metastases from a primary thigh myxofibrosarcoma associated with systemic embolization (mesenteric ischemia) was confirmed. A full anti-coagulation was started. Oncology team decided to suspend the RT in lower left limb and have a proposal to start systemic treatment with doxorubicin in association with cardiac RT.

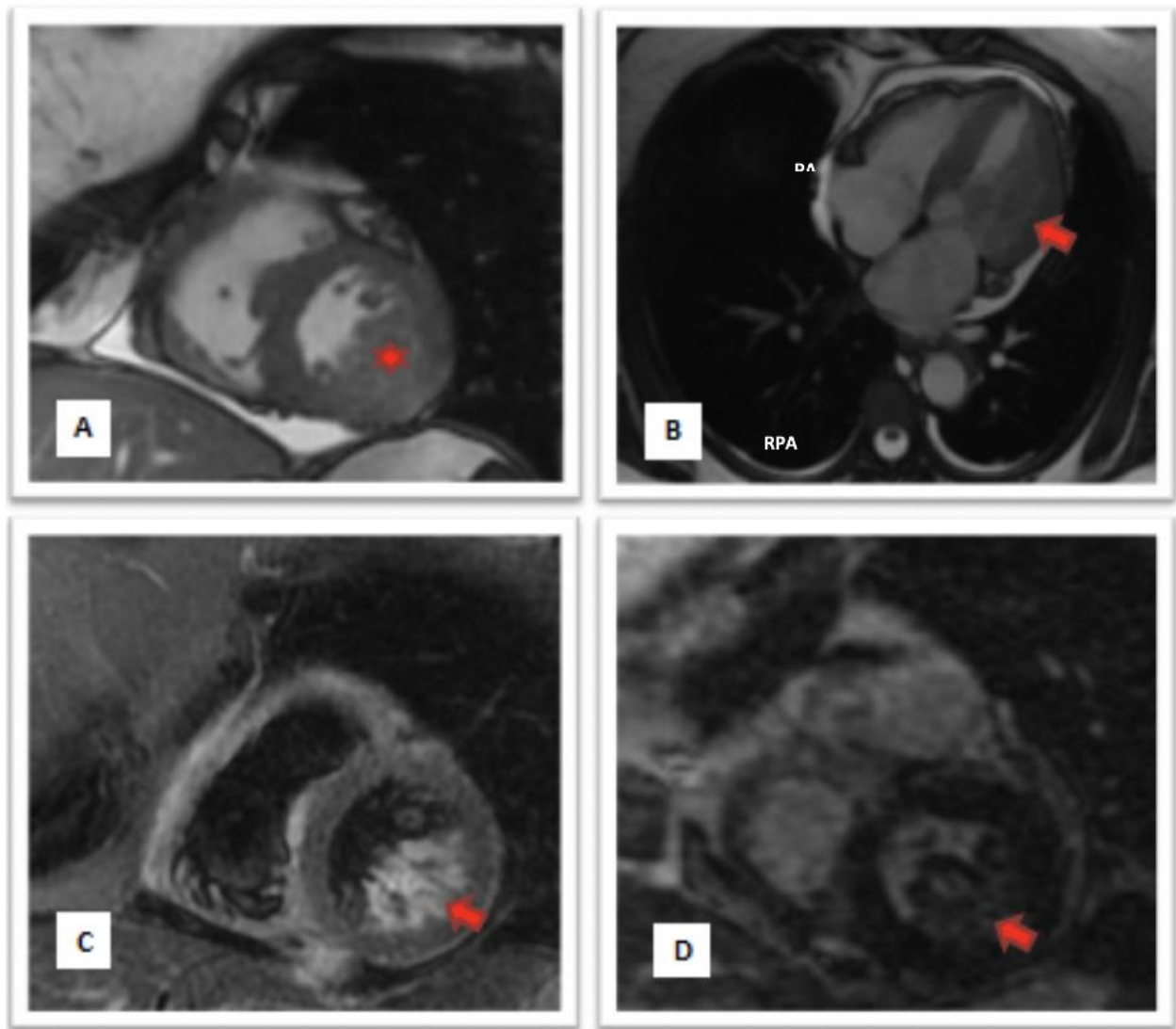
### **Discussion**

The case presented is about cardiac metastases from MFS, a rare entity that has seldom been reported in the literature. Although uncommon, the clinical manifestation presented is extremely severe, requiring aggressive systemic treatment.

### **References**

Mentzel T, Calonje E, Wadden C, et al. Myxofibrosarcoma. Clinicopathologic analysis of 75 cases with emphasis on the low-grade variant. Am J Surg Pathol. 1996, Vols. 20(4):391–405.

Image 1



**Figure 1.** Cardiac Magnetic Resonance Imaging showing the tumor (Red marking) – A: Short-axis; B: Four-chamber; C: T2-weighted images showing myocardial edema in heterogeneous mass; D: Late gadolinium enhancement with heterogeneous mass uptake.