Non anthracycline cardio-toxicity in a patient with mediastinal sarcoma

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OBJECTIVES: We report a case of non anthracycline cardiomyopathy in a patient previously treated with Doxorubicine. 33 years old lady was consulted by cardiooncologist before treatment planning for mediastinal tumor compressing the right branch of main pulmonary artery (PA). Tumor proved to be synovial sarcoma at left lobectomy (Fig 1, Fig 2).


DIAGNOSTIC STUDIES IN OCTOBER 2018: Echocardiography (EchoCG) revealed right ventricular and atrial dilatation, PA transtentonic gradient of 70 mmHg, with left ventricular ejection fraction (LV EF) of 0.46. Patient was in a stage III heart failure with ankle edema ascites and left hemothorax. Surgical treatment and percutaneous balloon angioplasty for PA stenosis was not considered because of the high risk and unpredictable efficacy (Fig 3).

TREATMENT: After left thoracocentesis treatment was started with Pazopanib 800 mg once a day and Spironolactone 100 mg once a day for 3 weeks. Alleviation of peripheral edema and symptomatic improvement was achieved. Control EchoCG in December 18, 2018: the PA gradient reduced to 30 mmHg, right heart overload had never persisted, however LV EF dropped to 25% with dilatation of LV and left pericardial effusion (Fig 4).

Cardiooncology team decided to continue treatment with half dose of Pazopanib. Enalapril and Bisoprolol was started in minimal doses followed by up-titration.

SUMMARY: This is the story of successful treatment of synovial sarcoma and Pazopanib cardio-toxicity in a patient with previous anthracycline therapy.

COURSE OF DISEASE: PET CT at the end of January 2019 revealed reduction of mediastinal tumor (Fig 5), LV EF by EchoCG improved up to 0.35. Pazopanib daily dose was increased up to 800 mg without significant adverse effects, patient was stable for 10 months. She died after 11 months due to cerebral hemorrhage and brain metastases.