Intracardiac metastasis of lung adenocarcinoma diagnosed by convex-probe EBUS

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DESCRIPTION

A 52-year-old woman, former smoker with no relevant medical history, presented with 2 months symptom of right hip pain that limited her walking. This was associated with dyspnoea Medical Research Council modified 2 and occasional dry cough. Physical examination revealed normal cardiopulmonary examination, and tenderness in the right proximal femur. Chest X-ray demonstrated a right lower lobe nodule. Chest CT scan showed scattered pulmonary nodules bilaterally, smaller than 20 mm, enlarged mediastinal lymph nodes and a hypodense image along the right pulmonary vein, extended into the left atrium (LA; figure 1). Fluorodeoxyglucose positron emission tomography/CT showed significant uptake of pulmonary nodules, subcarinal lymph node, and the lesion extended to the LA, together with a right hip lesion.

Convex-probe endobronchial ultrasound (CP-EBUS) identified a vascularised 30 mm lesion, along the right pulmonary vein extending into the LA (figure 2). Needle aspiration was performed to the described mass and to the subcarinal lymph node. Both biopsies results were positive for lung adenocarcinoma, immunohistochemistry showed positive thyroid transcription factor-1 (TTF-1), molecular analysis demonstrated a negative epidermal growth factor receptor (EGFR) and echinoderm microtubule-associated protein-like 4-anaplastic lymphoma kinase (EML4-ALK). The patient started chemotherapy, anticoagulation and localised radiotherapy in her right hip. Cardiac metastasis of lung cancer usually involves the pericardium or epicardium by direct invasion and/or lymphatic spread, however metastasis to the LA myocardium and endocardium are extremely rare.1

Lesions in the LA and proximal portions of great arteries can be visualised by CP-EBUS.2,3

Learning points

▸ Cardiac metastasis of lung cancer is extremely rare.
▸ Convex-probe endobronchial ultrasound can be used to assess other mediastinal structures such as left atrium.
▸ Convex-probe endobronchial ultrasound is a safe and useful diagnostic tool.

Contributors All the authors contributed in the conception and design of the study, and acquisition of data. SF-B and DR were involved in the preparation of the manuscript and final proof read.

Competing interests None.

Patient consent Obtained.

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REFERENCES

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