



METASTATIC HEPATOCELLULAR CARCINOMA PRESENTING AS ACUTE HEART FAILURE

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INTRODUCTION

Secondary cardiac tumors may develop in up to 8% of patients with metastatic cancer. They usually arise from lymphomas, melanoma, breast, lung and renal cancer. This can occur via hematogenous metastases, invasion of mediastinum, or tumor spread from the inferior vena cava directly into the right atrium. These tumors usually affect the pericardium resulting in pericardial effusion. We present a case of a 49 year old patient with acute heart failure found to have a cardiac mass. It was initially unclear if this was a primary or a secondary tumor.

REFERENCES

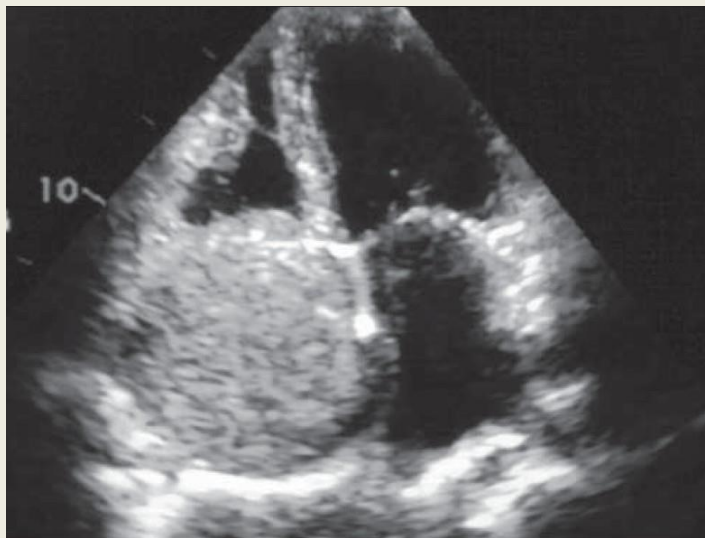
A Right Atrial Mass as Initial Presentation of a Hepatocellular Carcinoma
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Right Atrial Metastasis Mimicking Myxoma in Advanced Hepatocellular Carcinoma
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Gupta S, Bent S, Kohlwes J. Test characteristics of alpha-fetoprotein for detecting hepatocellular carcinoma in patients with hepatitis C: a systematic review and critical analysis.

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RESULTS



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- CT Chest/Abdomen/Pelvis: An intracardiac mass within the region of the right atrium measuring 5.8 x 7.6 cm
- 2D Echo: The RA is dilated and completely filled with a mass measuring 6 x 4.2 cm
- AFP Serum <2
- Pathology: Tumor thrombus, 7 cm in maximum dimension, consistent with HC

METHODS & MATERIALS

Patient is a 49 year old male with no relevant past medical history who presented to the hospital for evaluation of multiple complaints. He noticed increased abdominal girth, distention and discomfort with constipation for the past 6 weeks. He had gained 50 pounds during this time, and 3 weeks ago developed swelling in his lower extremities. He also reported dyspnea on exertion and fatigue for the past few months. Prior to this, he was physically active. He complained of little appetite in the past week and experienced intermittent lightheadedness which was not positional, and blurred vision. He tried multiple OTC medications for constipation including laxatives, probiotics, and CBD oil without any relief. He was not taking any routine medications at that time.

CONCLUSION

This patient presented with acute heart failure due to cardiac metastasis from hepatocellular carcinoma that had extended into the right atrium. This led to a structural etiology of heart failure that unmasked his underlying cancer diagnosis. Interestingly in this case of metastatic HCC, AFP level was <2 ng/ml (normal <8). According to research AFP in diagnosis is only 41-65% sensitive but 80-94% specific (Gupta). In conclusion, cardiac metastases may present similarly to primary cardiac tumors, and should be considered in the differential diagnosis for heart failure.