A 79-year-old woman was admitted with right chest discomfort that had persisted for one week. Chest X-rays (Fig. 1) revealed a large mass in the right lower lobe and bilateral interstitial shadows. Squamous cell carcinoma of the lung was diagnosed by bronchoscopy. Metastatic lesions were observed in abdominal lymphadenopathy, but no other abnormalities were detected anywhere, including in the heart (Fig. 2A). Systemic chemotherapy was started. During the therapeutic course, a heart murmur at 4th left sternal border gradually increased. Ultrasonic echocardiography (Fig. 3) revealed a right ventricular mass (arrow) that protruded from the interventricular septum to the outflow. Subsequent CT (Fig. 2B) and magnetic resonance imaging (Fig. 4) showed similar enhancement between the primary lesion and the cardiac tumor, indicating that the tumor had metastasized from the lung cancer. After 30 Gy of irradiation to the heart, the patient received supportive care. She died at home 3 months later.
Masanori Yasuo, Mitsuyo Okada, Tomonobu Koizumi and Keishi Kubo
From the Department of Medicine, Shinshu University, Nagano
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Reprint requests should be addressed to Dr. Masanori Yasuo, the Department of Medicine, Shinshu University, 3-1-1 Asahi, Matsumoto 390-8621