A 74-year-old woman with a duodenal primary gastrointestinal stromal tumor (GIST) presented to the emergency department with cardiogenic shock and died of cardiac tamponade due to extracardiac tumor rupture. A previous coronary computed tomography angiogram (Picture A) showed that the tumor had nutrient vessels from the right coronary artery and left anterior descending artery. Cardiovascular magnetic resonance imaging (Picture B) revealed that the tumor (arrow) had a heterogeneous contrast effect, and it continued from the cardiac muscle. She elected to receive conservative medical treatment. During the autopsy, an elastic, soft tumor measuring 7×8×7 cm was detected under the
ventricular serosa. Pathologically, mild atypical spindle cells showed funicular proliferation (Picture C) and were CD117 (c-kit)-positive by immunostaining (Picture D). Therefore, the extracardiac tumor was diagnosed as metastasis from the GIST. Although two-thirds of GIST patients with metastatic disease have been reported to have hepatic involvements (1), cardiac metastasis is very rare (2).

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References