中文題目：年輕男性罹患心臟血管肉瘤之病例報告

英文題目：Cardiac Angiosarcoma in A Young Adult Male Patient

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Background

Cardiac angiosarcoma is rare in clinic. Middle-aged adult males are the most affected group. It is difficult to be diagnosed because the initial symptoms are nonspecific. As a result, it is usually a disseminated disease at the time of definitive diagnosis, and is associated with poor prognosis. Here, we report a rare case regarding a young adult male patient with right atrial angiosarcoma presenting with chest pain and exertional dyspnea.

Methods

A previously healthy 24-year-old man presented with progressive exertional dyspnea and chest pain for one month. Computed tomography (CT) of the chest showed a right atrial (RA) mass with mild bulging into right ventricle (RV), and the largest dimension of the RA mass was measured 90mm. Besides, tiny lung nodules were noted, suggested a cardiac angiosarcoma with lung metastasis. Transthoracic echocardiography revealed a huge right atrial mass and nearly total obstruction of right ventricular inlet.

Results

The patient underwent surgical excision of the right atrial mass. Pathological analysis showed an infiltrative spindle cell tumor with extensive necrosis. The tumor cells had pleomorphic and vesicular nuclei. Myocardium involvement was identified. Immunohistochemically, these tumor cells were positive for CD31 and ERG; and thus a malignant angiosarcoma was considered. Further chemotherapy with Paclitaxel was arranged at the oncology clinic.

Conclusion

Cardiac angiosarcoma is rare, with an incidence of approximately 0.017%. Diagnostic tools include echocardiography, computed tomography, and magnetic resonance imaging. To date, there is no standard treatment because most of published studies are limited to case reports and small case series. Nevertheless, surgical resection remains the first-line treatment for locally advanced cases.