A 33-year-old pregnant woman in the 23rd week of her third pregnancy (G3P1A1: gravidity, 3; parity, 1; abortion/miscarriage, 1) was admitted to an intensive cardiac care unit due to new-onset atrial fibrillation. Laboratory results showed mild anemia, D-dimer levels of 2111 ng/ml, and β-chorionic gonadotropin levels of 6850 mIU/ml. Transthoracic echocardiography (TTE) revealed a pathological mass in the right atrium, measuring 70 × 65 mm (FIGURE 1A). The mobile fragment of the tumor had a size of 22 × 14 mm, visible in the inflow tract of the right ventricle, increasing the risk of pulmonary embolism (FIGURE 1B). Ultrasoundography showed a metastasis to the sixth rib and to the liver (FIGURE 1C and 1D). Magnetic resonance imaging (MRI) revealed a tumor measuring 82 × 71 × 114 mm, infiltrating the right atrium, tricuspid valve, narrowing
Literature data regarding cardiac angiosarcoma in pregnancy are limited mostly to case reports and case series. Cardiac angiosarcoma is characterized by rapid growth, resulting in a mass effect when the tumor obstructs cardiac output, or in local invasion, embolization, or systemic manifestations.

Most tumors (about 90%) are located in the right atrium, originating from the lateral wall; the second most frequent location is the left atrium, followed by the right ventricle, and finally the left ventricle. Because of the preferential right-sided location, patients with angiosarcoma often present with symptoms of heart failure and superior vena cava syndrome. Surgical resection with or without adjuvant chemotherapy or radiotherapy is the main treatment, and complete excision is the most important prognostic factor.

Our patient was consulted in 2 different cardiac surgery centers and she was referred only for chemotherapy and radiotherapy. After the diagnosis of angiosarcoma, an elective Cesarean section in the 27th week of pregnancy allowed delivery to a child with low weight at birth with good prognosis and early start of the mother’s chemotherapy and radiotherapy. This is a rare case of the very unusual coincidence of pregnancy with asymptomatic primary malignant heart tumor, the first symptom of which was paroxysmal atrial fibrillation.
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REFERENCES


