

A Stranger in the Heart Part 2: Recurrence

Dear Editor,

We previously reported a case with intracardiac mass, which was revealed to be an undifferentiated pleomorphic intimal sarcoma with Mouse double minute 2 (MDM2) amplification on pathological examination of resection material.¹ We referred the patient to the oncology department afterward. The patient received 4 cycles of combination chemotherapy with gemcitabine and docetaxel. In addition to the treatment, the patient was followed up clinically and radiographically at 4-month intervals. On the first periodic follow-up besides treatment, about 4 months after the surgery, no intracardiac mass was observed in the thorax computed tomography and she did not have any specific complaints. On the second check-up, she was admitted with New York Heart Association class III-IV symptoms. She was anxious and tachypneic. Physical examination revealed pulmonary crackles. Emergent echocardiography exposed a heterogeneous, irregular,

LETTER TO THE EDITOR

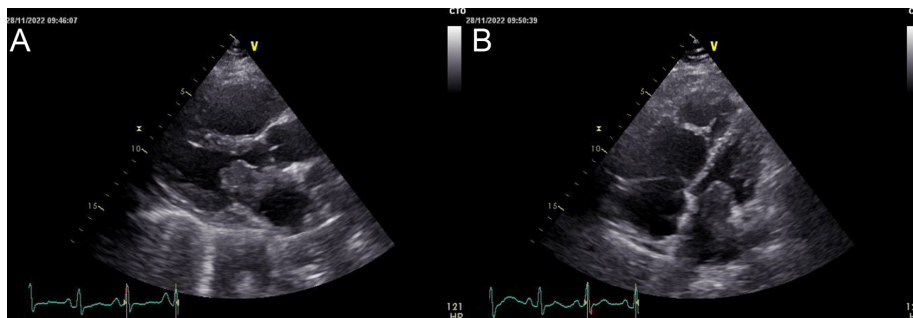


Figure 1. (A): Parasternal long axis view on transthoracic echocardiography, showing a large mass in the left atrium, protruding into left ventricle. (B): Apical four chambers view on transthoracic echocardiography, showing an irregular, centrally hypoechoic large mass in the left atrium.

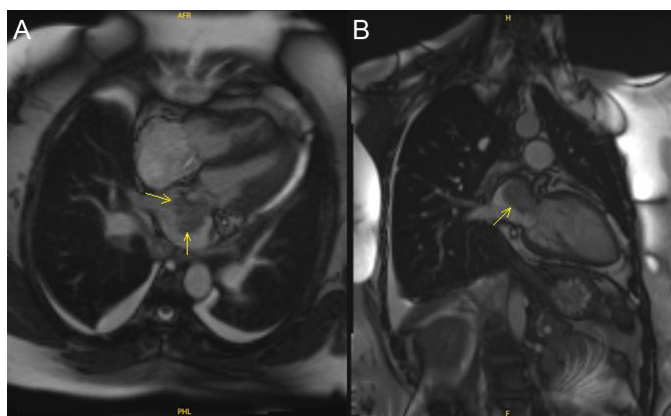


Figure 2. (A): Cine image using Steady-state free precession (SSFP) sequence, 4-chamber view, showing left atrial mass (arrows). (B): Cine image using SSFP sequence, 2-chamber view, showing left atrial mass (arrow).

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centrally hypoechoic, mobile mass in the left atrium, protruding into left ventricle during diastole and restricting diastolic flow (Figure 1A, B and Supplementary Video 1). Subsequent cardiac magnetic resonance imaging was performed. A lobulated contoured hyperintense mass, measuring 31 × 27 × 32 mm, extending to the anterior mitral valve was detected in the left atrium adjacent to the superior wall (Figure 2A and B). With the shared decision of cardiology, cardiovascular surgery, and oncology departments, the patient was reoperated and placed on the national cardiac transplant waiting list.

Undifferentiated pleomorphic intimal sarcomas are rare primary malignant cardiac tumors. Since it has an invasive nature and the risks of recurrence and metastasis are high, patients should be kept under close follow-up. Our patient

had recurrence only 8 months after the resection and the mass grew over a period of 4 months. It is not appropriate for these patients to be only in oncological follow-up. A multidisciplinary approach is required.

Supplementary Video 1: Parasternal long axis view on transthoracic echocardiography, showing a heterogeneous, irregular, centrally hypoechoic, mobile mass in the left atrium, protruding into left ventricle during diastole.

REFERENCE

1. Karakulak UN, Kılıç S, Evranos B, Aydın A, Yılmaz M. A stranger in the heart. *Anatol J Cardiol.* 2021;25(4):282. [\[CrossRef\]](#)