



Complex Clinical Cases

RECURRENT PERICARDIAL EFFUSION: AN EARLY PRESENTATION OF A RARE CANCER

Poster Contributions

Saturday, May 15, 2021, 3:45 p.m.-4:30 p.m.

Session Title: Complex Clinical Cases: MD/PhD 3

Abstract Category: MD/PhD: Multimodality Imaging

Authors: Harsh Shah, Amre Ghazzal, Dweep Barbhaya, William Weigold, Medstar Washington Hospital Center, Washington, DC, USA

Background: Primary tumors of the pericardium are rare and angiosarcoma is an exceedingly rare tumor that often presents with recurrent symptomatic pericardial effusion.

Case: A 44-year-old African American man presented to the hospital with two months of shortness of breath, fever and chills. Transthoracic echocardiography revealed a moderate-to-large size pericardial effusion. Pericardiocentesis, computed tomography (CT) (Figure 1) and laboratory analysis did not elucidate an etiology for the effusion. After symptomatic relief he was discharged. However, he presented again two months later with similar symptoms. Evaluation with repeat CT revealed large pericardial effusion with complex structures surrounding the heart of varying density. Cardiac magnetic resonance imaging (MRI) revealed a large intrapericardial mass located anterior to the right ventricle (Figure 2). Biopsy revealed high grade angiosarcoma of the pericardium (Figure 3A-B).

Decision-making: Prompted by the recurrent presentation, more sensitive and specific imaging (cardiac MRI) was performed. Cardiac MRI was better able to delineate the mass characteristics.

Conclusion: Early detection of cardiac neoplasm is difficult and often present as recurrent pericardial effusions. Thus, it is important to maintain a high index of suspicion and carefully select the most appropriate cardiac imaging and investigations in order to arrive at a prompt diagnosis and potentially lifesaving surgical intervention.

