Abstract Form

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Project Title:	**Primary cardiac epithelioid angiosarcoma with sustained remission following surgical resection**

Research Category (please check one):

☐	**Original Research**	☒	**Clinical Vignette**	☐	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract

Introduction: Primary cardiac tumors are extremely rare with overall estimated incidence ranging from 0.001% to 0.03%. Epithelioid angiosarcoma is an extremely rare subtype of cardiac angiosarcoma that is highly aggressive and associated with poor prognosis. Due to its rare nature, the epidemiology and pathogenesis of this disease are not well-known. Thus, effective diagnostic and treatment modalities are limited. Here, we report a case of a primary epithelioid angiosarcoma in a patient who was treated successfully with surgical resection.

Case Report: A 45-year-old woman with iron deficiency anemia and unresected stage I papillary thyroid carcinoma presented with chronic fatigue, night sweats, body aches, and joint pain and was subsequently found to have anemia with a hemoglobin of 6.6. Due to a prior history of Barrett's esophagus, she was admitted to the hospital for blood transfusion and expedited gastrointestinal evaluation. On the second day of hospitalization, she experienced palpitations and was found to be in atrial fibrillation with rapid ventricular response sustaining heart rates up to 150. She responded to intravenous metoprolol and spontaneously converted back to normal sinus rhythm. It was at this time that the medical team learned that several years prior to presentation, she received experimental Gc protein-derived macrophage-activating factor therapy in Mexico for her papillary thyroid cancer after declining thyroidectomy. After starting this treatment, she initially developed a generalized erythematous rash, but then subsequently experienced full-body pain, chills, nausea, and flushing. After completing the full course of treatment, she began experiencing episodes of heart palpitations with associated dyspnea and syncope in addition to the previously mentioned constitutional symptoms. During this time, she saw integrative health providers but did not have a comprehensive diagnostic evaluation of her recurrent syncope. In light of this new information, CT imaging and echocardiogram were performed and demonstrated a 6.6 x 5.2 cm mass inferior to the heart with a circumferential moderate to large pericardial effusion and preserved ejection fraction. MRI imaging also similarly confirmed the presence of this heterogeneous mass posterior to the heart and abutting the right atrium and right ventricle. In addition to anemia, other significant laboratory findings included an elevated CRP of 110.0 mg/L, ESR of 127 mm/hr, and a negative troponin level. She was transferred to an outside hospital where her mass was surgically resected by a cardiothoracic team and found to have stage IIIA high-grade epithelioid angiosarcoma involving the inferior vena cava, right atrium, and pericardium. She subsequently had complete resolution of her pericardial effusion and anemia. She declined subsequent adjuvant chemotherapy and radiation but continues to have good performance status thirteen months after her excellent surgical outcome without evidence of recurrence.

Discussion: This unique case highlights the importance of a thorough review of systems upon evaluating a patient presenting with chronic constitutional symptoms, as well as contributes to our knowledge of epithelioid cardiac angiosarcoma, of which limited number of cases have been reported. It highlights a favorable outcome following surgical resection of a rare, life-threatening primary cardiac tumor.