Case Report

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A rare case of cardiac metastasis from primary anaplastic thyroid carcinoma

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Case report

A 56-year-old man, followed for anaplastic thyroid carcinoma, revealed by a large cervical mass and confirmed on anatomo-pathological examination of a thyroid biopsy, since April 2022. Without notion of dysthyroid (normal TSH at 2.86 mIU/l). The patient received 3 sessions of chemotherapy based on anthracycline. And as part of the monitoring of cardiac function under CHT, the patient consulted in cardiology. Cardiological examination and electrocardiogram were normal. Echocardiography objectified an echogenic mass, fixed to the anterolateral wall of the left ventricle, with a wide base of implantation, and pedicled, measuring 36*25mm (Figure 1), not revascularized by color Doppler, with good biventricular function, LVEF was 58%, with no other abnormalities. The evolution was marked by death four days later. The diagnosis of left intraventricular metastasis secondary to anaplastic carcinoma was retained. The evolution was marked by death a few days later before the cardiac magnetic resonance imaging.

Discussion

Cardiac metastases are between 40 and 100 times more frequent than primary tumors and generally occur at a very advanced stage of the cancerous disease. Cardiac metastases are frequently found in lung, breast, kidney and melanoma cancers [1]. Cardiac metastases are often asymptomatic, and incidentally discovered during a cardiac assessment, as is the case of our patient, or during autopsies [2]. The frequency of cardiac metastases from thyroid cancers is very low, between 0% and 2%, in two large series of autopsies [3,4]. Anaplastic thyroid cancer (ACT) is considered one of the most aggressive neoplasms encountered in humans [5]. Echocardiography allows the diagnosis of cardiac metastases in the form of rounded, sessile pericardial masses or, on the contrary, oblong. If the MRI does not confirm the malignancy of a tumor, certain criteria are very suspicious: A poorly circumscribed nodular mass, a mobile intracavitary mass, polylobed with a hypersignal in T1, an extracardiac tumor syndrome compressing the heart cavities, invasion of the inferior vena cava. Gadolinium injec-

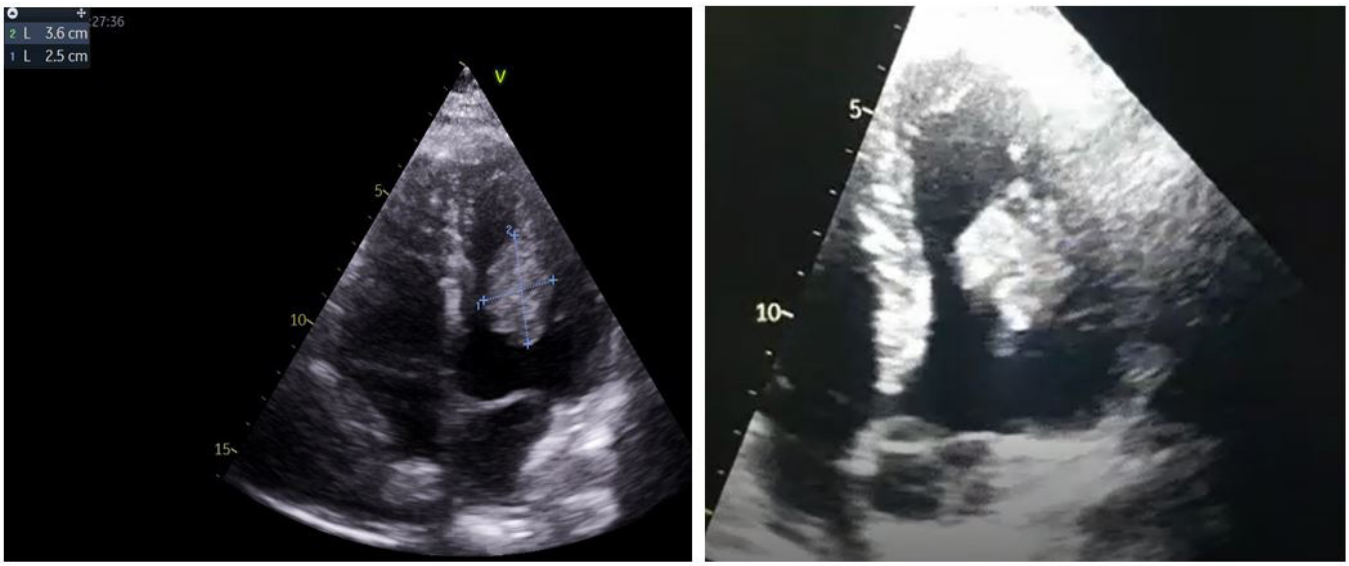

Figure 1: *Apical section revealing a mass, echogenic, pedunculate, measuring 36*25mm, and attached to the anterolateral wall of the LV.*

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tion allows better visualization of the tumor and its extension [6]. At the stage of cardiac metastases, the treatment is most often palliative [6], surgery can rarely be performed. And the prognosis in this case is very pejorative. For a localized form, treatment with chemotherapy or targeted therapy followed by radiotherapy is recommended as an adjuvant [7].

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