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An unsuspecting cause of right heart failure and syncope.

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Topic(s):
Acute Heart Failure - Clinical

Citation:
We present the case of a 68 year old man with hypertension, dyslipidemia and Child Pugh A stage alcoholic cirrhosis. He had history of worsening dyspnea, orthopnea, paroxysmal nocturnal dyspnea and peripheral edema. He then started having episodes of ligh headness and syncope. He reported no chest pain.

After having another episode he finally presented to the emergency department. At physical examination he was conscious, hypotensive and tachycardiac. He had hepatomegaly and jugular venous distension. He had no heart murmours on auscultation. The ECG was unremarkable.

The echocardiogram showed a very large, irregular and heterogenous mass that practically occupied the entire dilated righ atrium and extended into the inferior vena cava. It caused intermittent obstruction of the righ ventricular inflow tract. He had a mild pericardial effusion. The left ventricular was non-dilated and had a good systolic function.

The patient underwent emergent cardiac surgery for the mass resection. The histology was compatible with hepatocellular carcinoma.

Discussion: We present the case of an unsuspecting rare cause of syncope in a patient with cyrrosis. Righ atrium metastatic invasion in the context of hepatocellular carcinoma usually occurs by direct malignant expansion.
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