Abstract: 472

A rare cause of ST-segment elevation.

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Topic(s):
Echocardiography: Masses and Sources of Emboli

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A 76-year-old male patient with no known medical history was referred to the emergency depart with history of exertional dyspnea, paroxysmal nocturnal dyspnea, anorexia, weight loss and night sweats with 1 month of evolution. He reported no chest pain.

On physical examination, the patient had a cachectic appearance with multiple skin lesions, the larger having 4 cm in diameter with a necrotic center. On cardiopulmonary auscultation he had bibasal lung rales and no audible cardiac murmurs. He was hemodynamically stable.

While he was in the emergency department an ECG was done that showed ST segment elevation in V1-2 leads and ST segment depression from V3-6. Given the unlikely diagnosis of acute coronary syndrome the patient was not referred to primary percutaneous coronary intervention.

A transthoracic echocardiography showed a large, heterogeneous mass, involving the large vessels, the basal portions of the posterior and inferior left ventricular walls and the right ventricle. This mass was more exuberant in the right ventricle, with intracardiac extension and a maximum width of 20mm in the right ventricle apex. The left ventricle was non-dilated and had a mildly depressed ejection fraction. There was also mild to moderate pericardial effusion. During the examination the patient had frequent runs of nonsustained ventricular tachycardia.

After the results of the skin biopsy, the final diagnosis of cardiac involvement with large B cell lymphoma was made.

Discussion: Here we describe an unusual cause of ST segment elevation in the context of a large malignant myocardial mass.
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