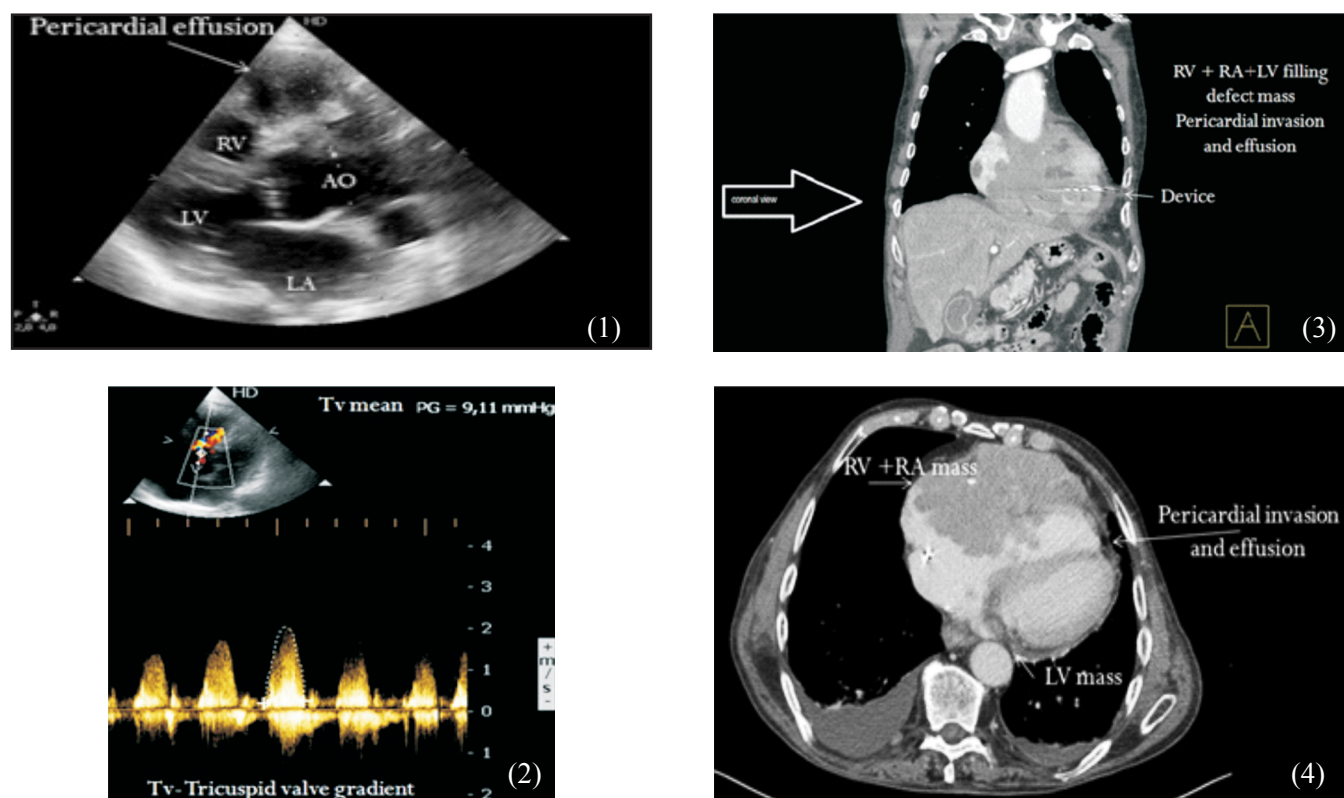


## Clinical Images

### Cardiac angiosarcoma discovered at a pacemaker implantation procedure



**Fig. 1.** 2 D Echocardiogram showing a small pericardial effusion. **Fig.2.** Tricuspid Doppler flow with gradient. **Figs 3 & 4.** CT angiogram with mass lesion (RV, LV, right & left ventricle; RA, LA, right & left atrium).

A 77-year old man was sent for cardiac stimulation for syncope and complete atrioventricular block at County Emergency Hospital, Baia Mare, Romania. One hour after the procedure, the patient developed diffuse thoracic pain. Chest X-ray and ecocardiography were done for right ventricular perforation suspicion. There was no lead displacement, but ecocardiography showed a 5 mm anterior pericardial effusion and right atrial and ventricular endomyocardial masses that caused tricuspid valvular obstruction with a mean pressure gradient of - 9.11 mmHg (Figs 1, 2).

A CT-angio scanning confirmed the presence of an extensive filling defect in the right atrium and right ventricle with tricuspid valvular and right coronary ostium infiltration (Figs 3, 4). The CT image was characteristic of primary cardiac angiosarcoma. This

case was one of the rare cases in whom the diagnosis was made accidental but antemortem. Histopathological confirmation was not available. Patient was only medically treated (no oral anticoagulation) and died three months later with stroke, probably embolic from angiosarcoma.

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