

# CHALLENGING CASES

**CARDIO-ONCOLOGY IN PRACTICE; 36 TH SESSION**



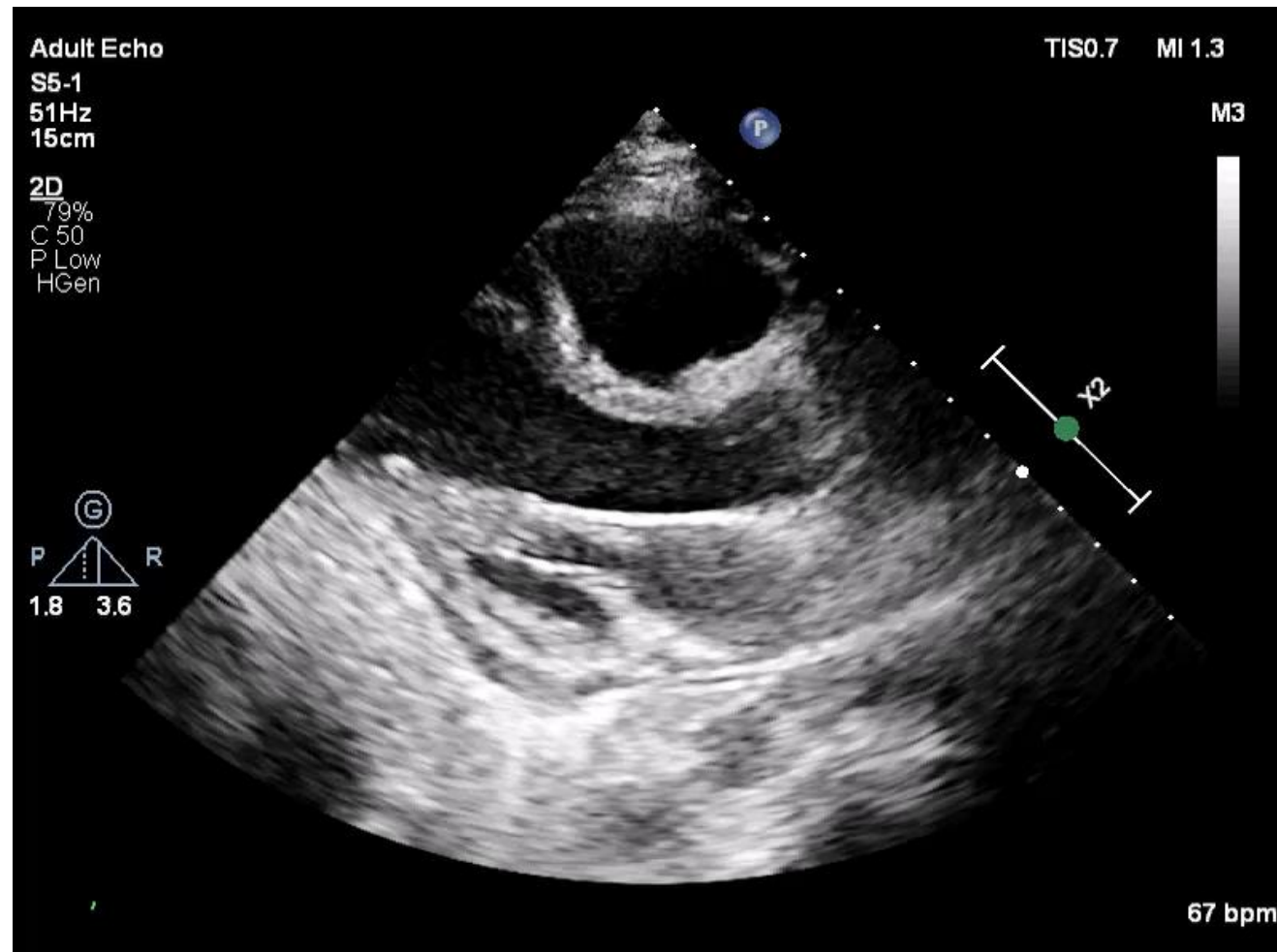
**DON'T STOP CHEMOTHERAPY EASILY !**

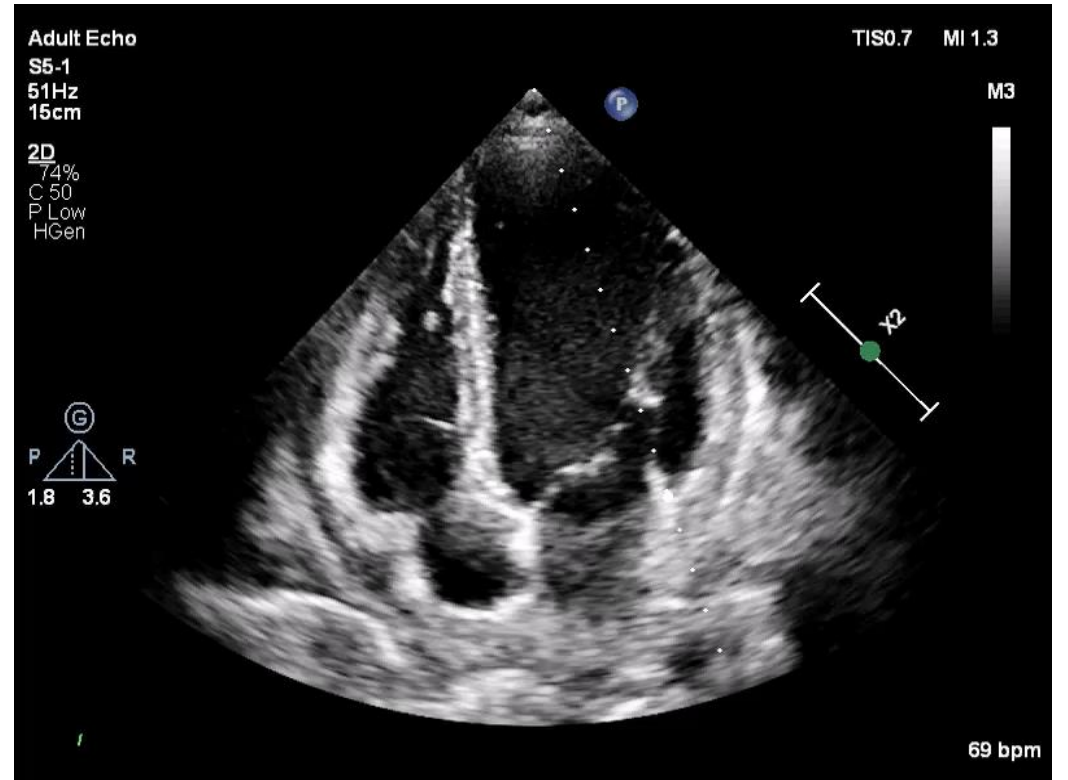
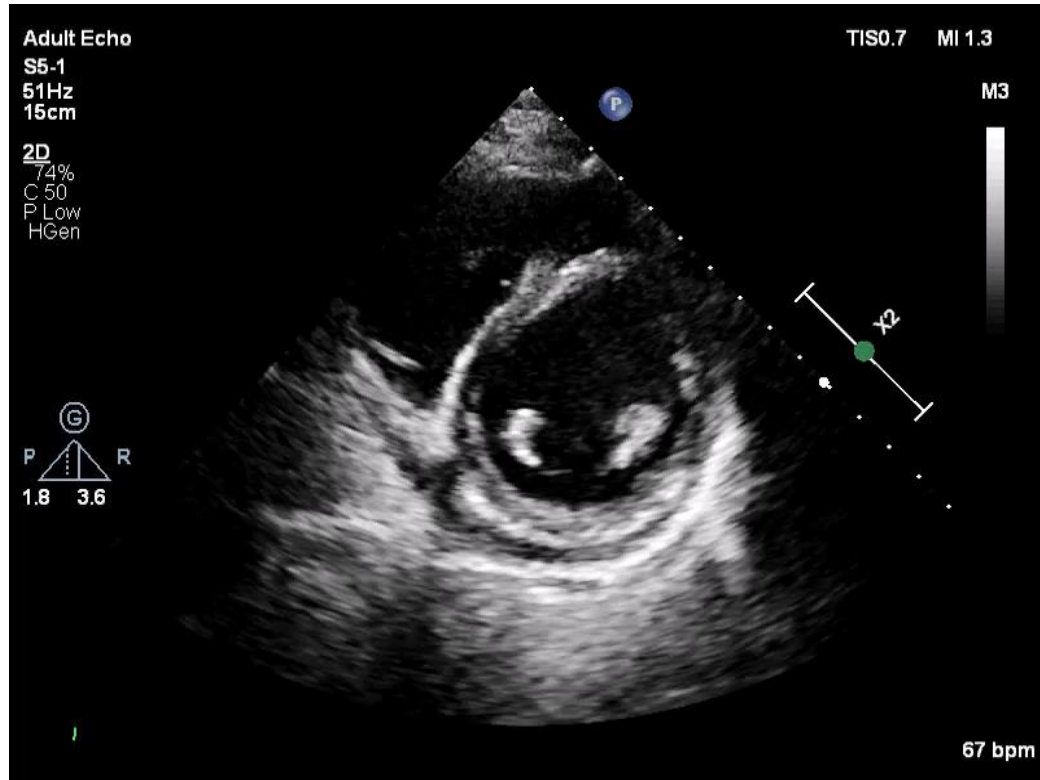


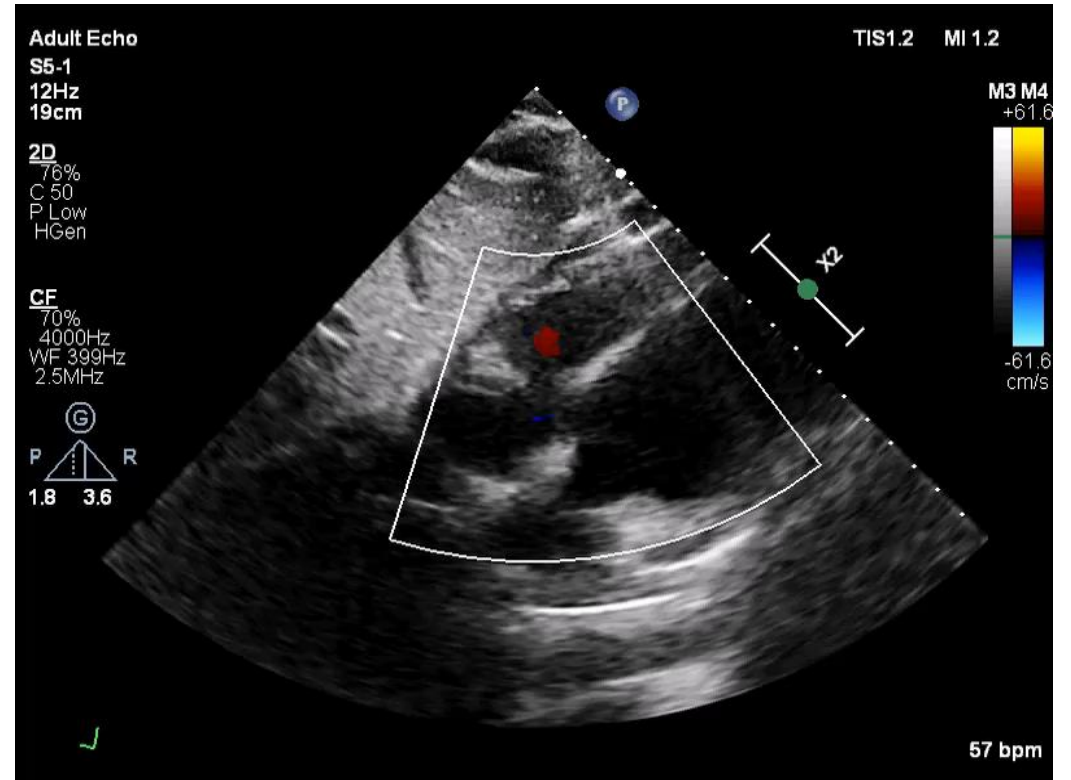
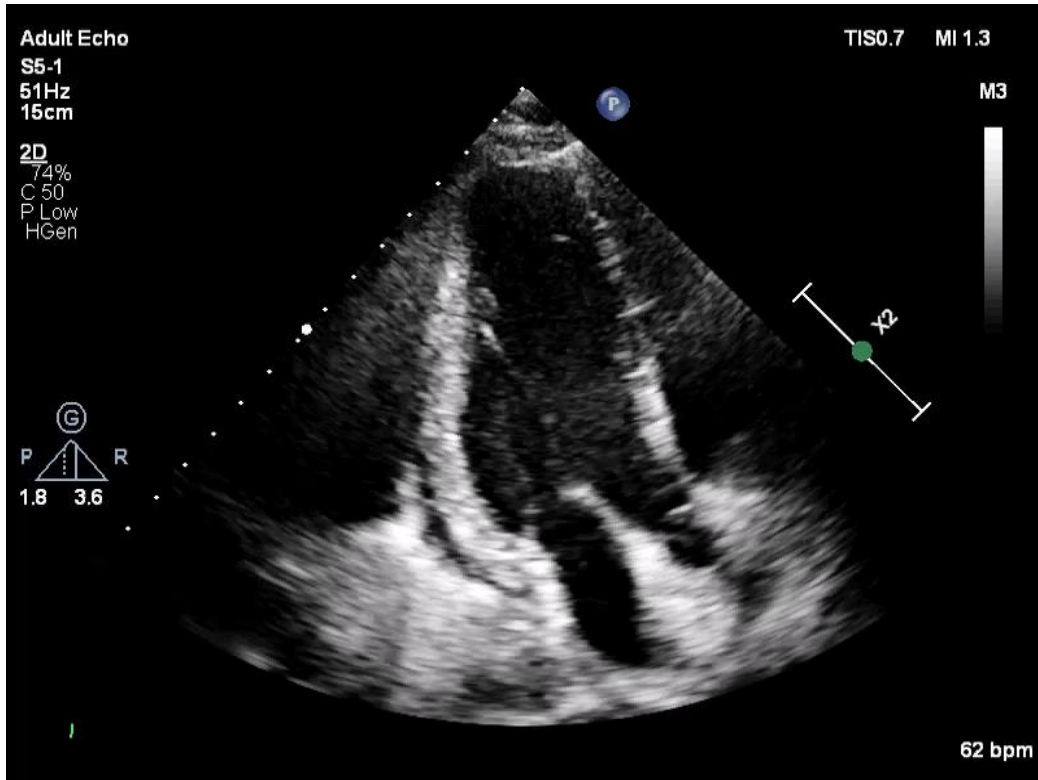
# CASE I:

**ALWAYS CONSIDER PERICARDIUM**

**SOFT TISSUE SARCOMA**

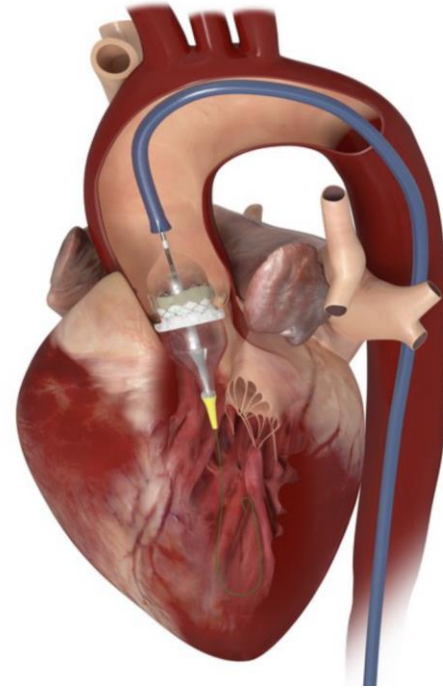




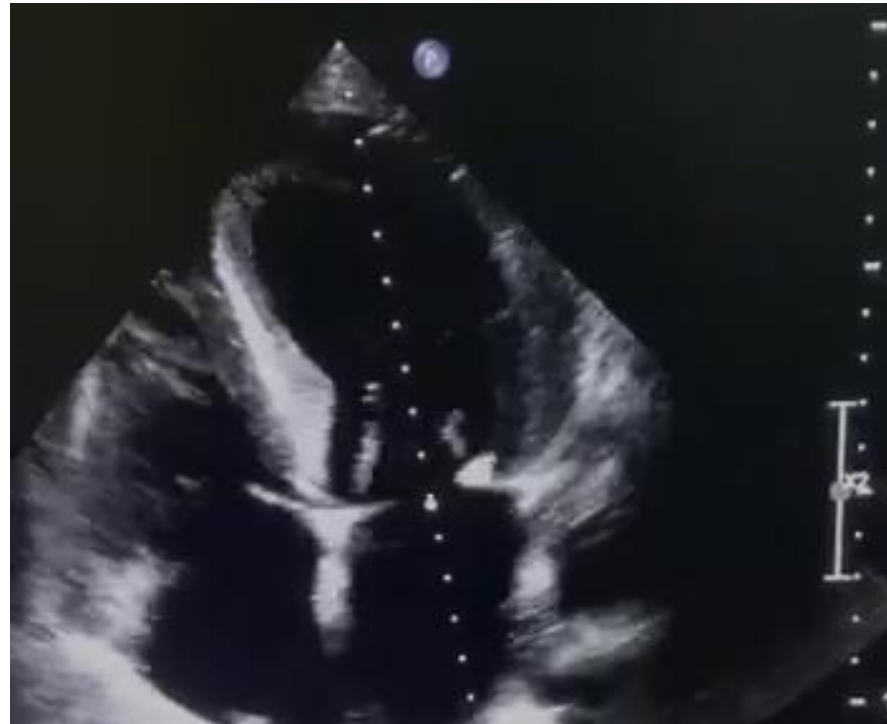




# CASE 2: TAVI IN CANCER PATIENTS

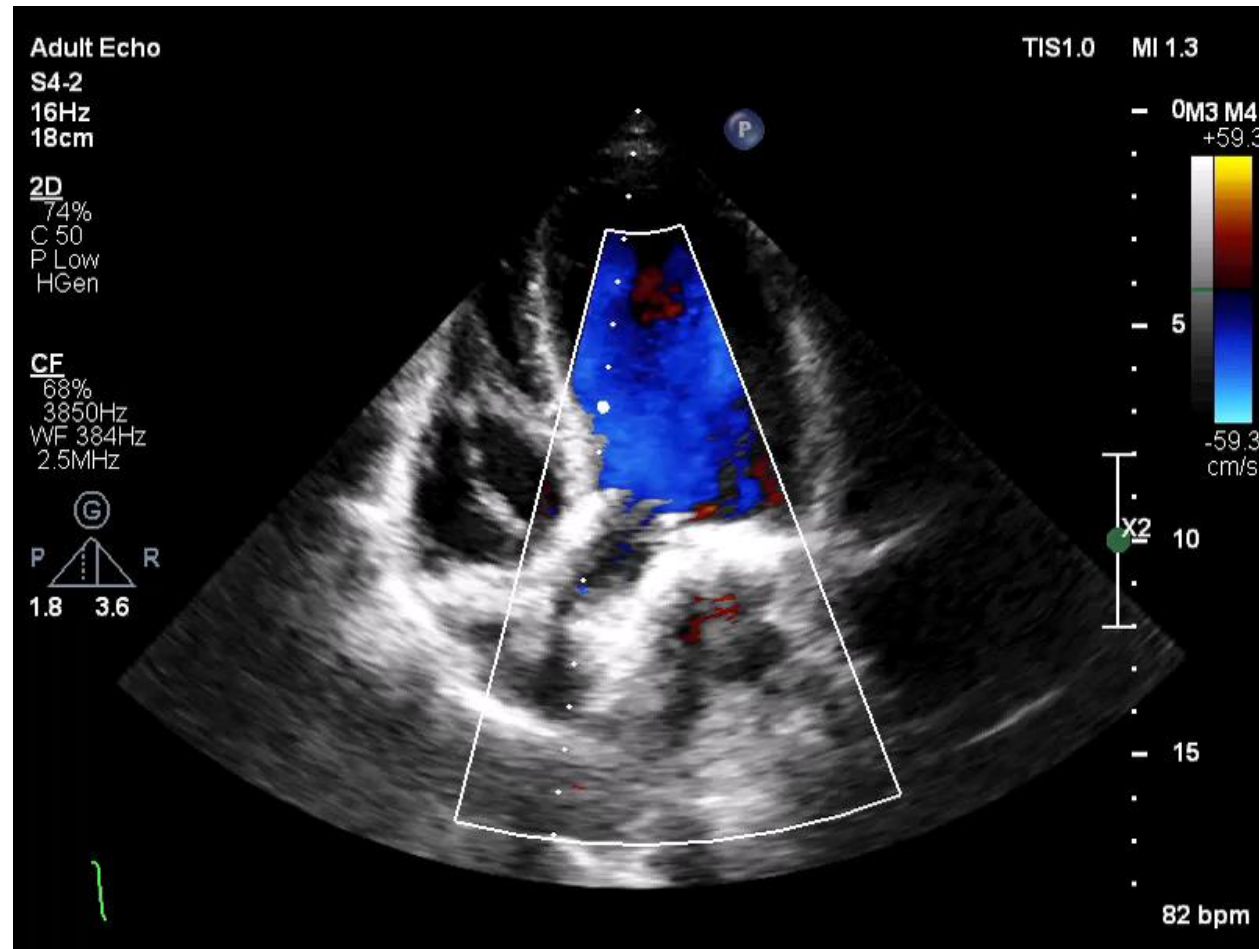


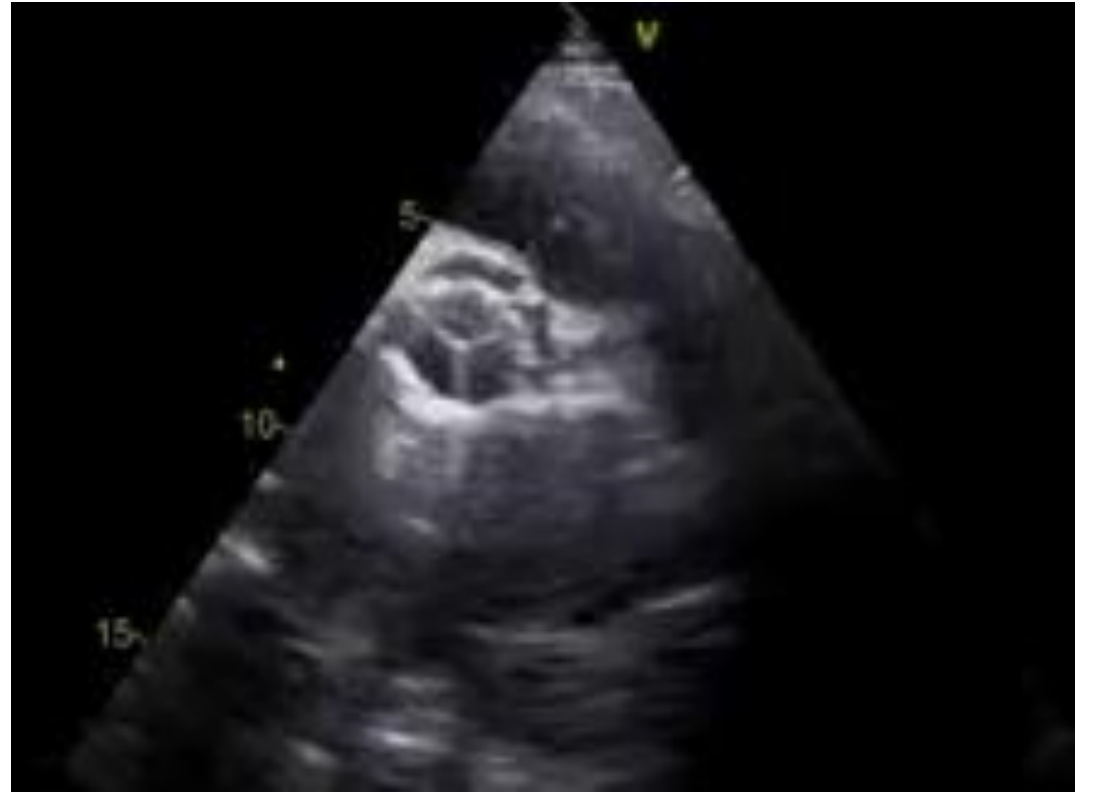
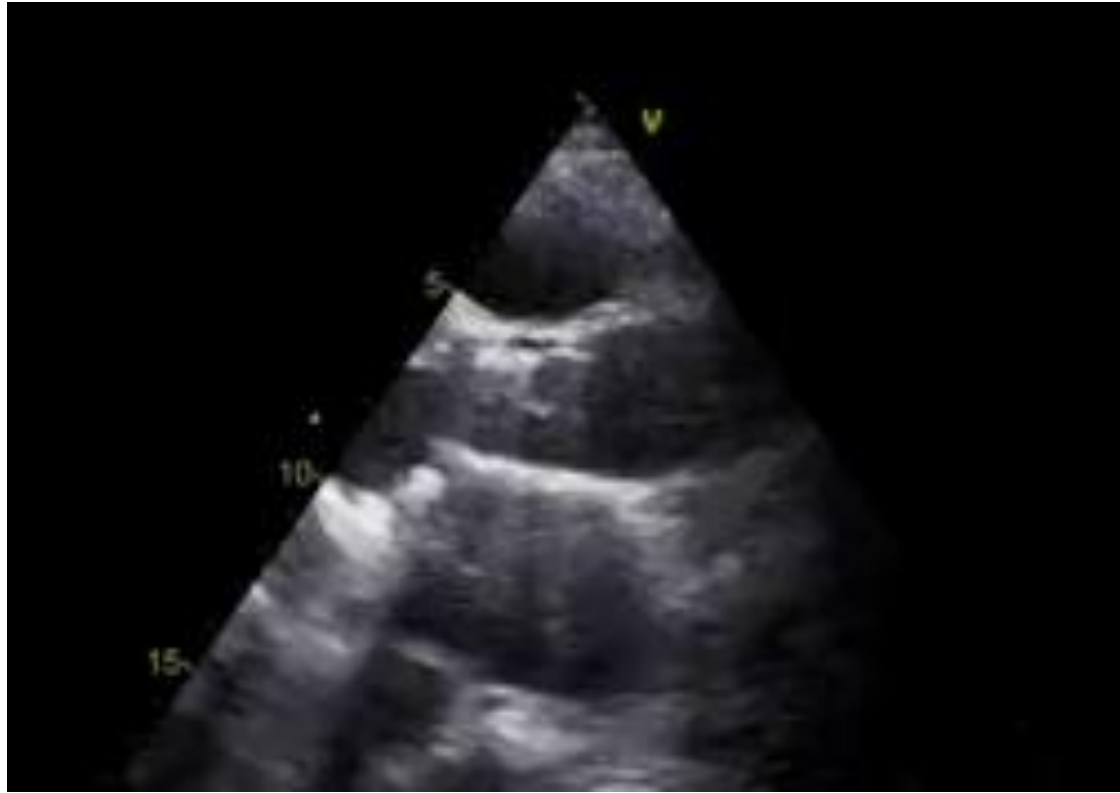
**74 YEARS OLD MAN, COLON CANCER, SEVERE AS, MINIMAL  
CAD, LVEF= 35% UNDERVENT TAVI**





# DISCHARGE LVEF=45%







AN 31-YEAR-OLD WOMAN WITH B CELL LYMPHOMA (ON TREATMENT), PRESENTS WITH PROGRESSIVE DYSPNEA, PALPITATION AND EDEMA . ECHOCARDIOGRAM LVEF IS 20%. EKG EVOLVING T-WAVE CHANGES AND PROLONGED QT INTERVAL.

**Takotsobu  
Syndrome**



**CASE 3:**

- She was treated with **2 cycles of RCHOP** that changed to **RCDOP** (rituximab, cyclophosphamide, liposomal doxorubicin, vincristine and prednisone) after diagnosis of low EF.
- With HF treatment, her breathlessness improved gradually and repeat imaging 2 weeks later showed improvement in the EKG T-wave abnormalities and dramatic improvement in cardiac function on echo (**EF = 50%**).
- The chemotherapy regimen was changed to RCHOP.



## CASE 4 :

A 22 year old lady presented with nonspecific chest pain since 2 month ago refer for evaluation of RA mass

PMA: DM type 1

ECG: Normal

Cardiac enzyme: Normal

# ECHO REPORT

- -Normal LV size(LVDVi:51cc/m<sup>2</sup>) with Normal LV systolic function(EF=55%), no RWMA ,no LVH, no LV clot
- -Normal diastolic function
- -Normal RV size with Normal RV systolic function(Tapase:29mm, s'veLOCITY:15cm/s)
- -Normal biatrial size(LAVi=11cc/m<sup>2</sup>, RAVi=20cc/m<sup>2</sup>),no LA/LAA smoke or clot, LAA velocity:44 cm/sec
- -Normal drainage of all PVs to LA,S>D
- -Normal MVs, no MS, mild MR-Normal tricuspid AVs, No AS, No AI, ascending aorta(2.5cm)
- -Normal PVLs, no PS, mild PI
- -Normal TV, no TS, mild TR(TRG=23mmHg), sPAP=28mmHg, no PH
- -Normal IVC size and collapse
- -No pericardial effusion
- -Intact IAS
- **-There is homogenous fixed bilobated mass attached to RA roof (size=2.8\*1.7cm),no mass in other valves or cardiac chambers**

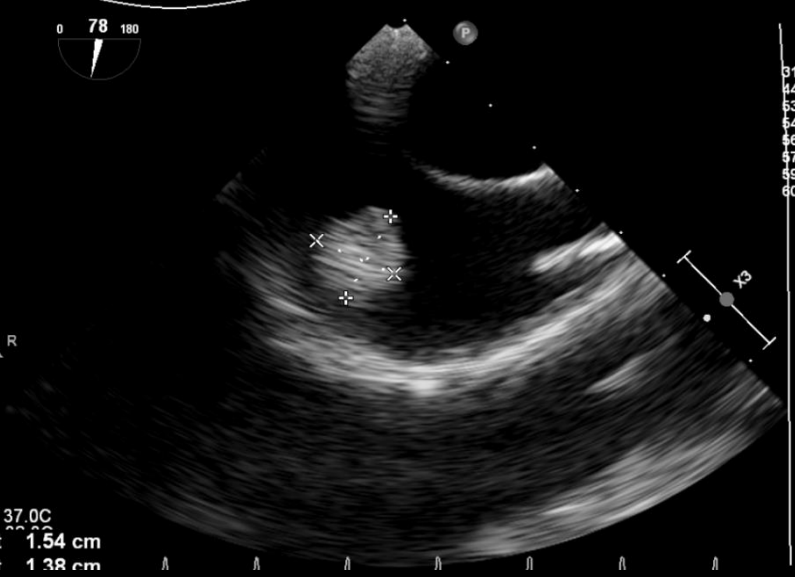


Adult Echo

X7-2t  
53Hz  
9.0cm

1396556913

2D  
51%  
C 50  
P Off  
Gen



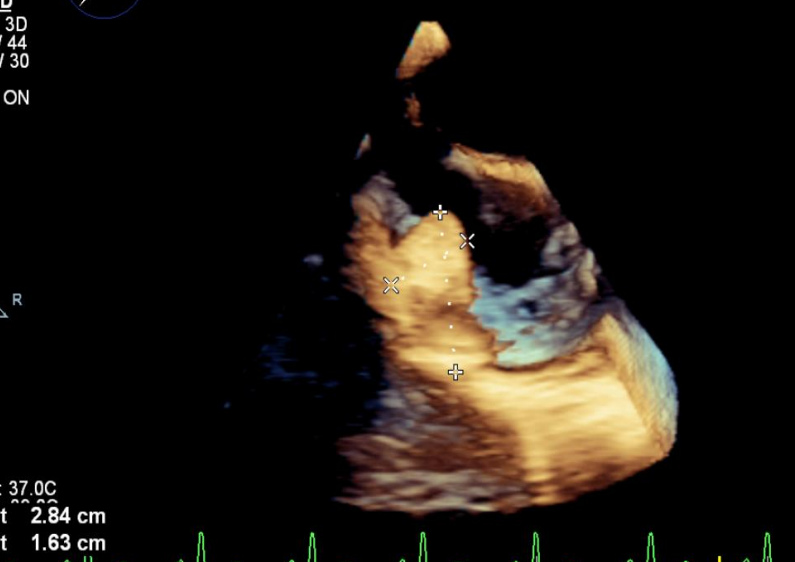
PAT T: 37.0C  
Dist 1.54 cm  
Dist 1.38 cm

Adult Echo

X7-2t  
17Hz  
9.1cm

3D Beats 1

Live 3D  
2D / 3D  
% 50 / 44  
C 50 / 30  
Gen  
XRES ON



PAT T: 37.0C  
Dist 2.84 cm  
Dist 1.63 cm

TISO.2 MI 0.7

Adult Echo

S5-1  
51Hz  
15cm

2D  
74%  
C 50  
P Low  
HGen



1.8 3.6

Dist 1.54 cm  
Dist 1.48 cm

TISO.1 MI

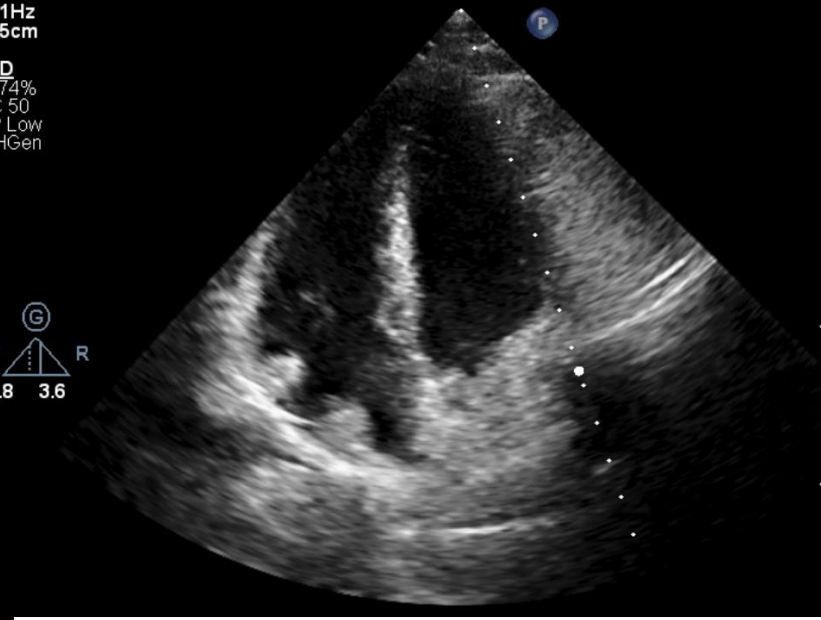
Adult Echo

S5-1  
51Hz  
15cm

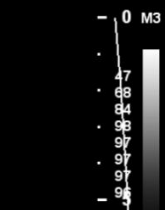
2D  
74%  
C 50  
P Low  
HGen



1.8 3.6

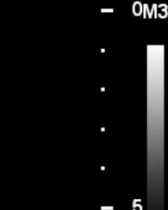


TISO.7 MI 1.3



X2

TISO.7 MI 1.3



X2

# CMR REPORT, CARDIAC LIPOMA

## Cardiac Mass feature:

A round well defined mass attached to postero superior RA wall with a stalk measured 10 x 11 mm without evidence of hemodynamic obstruction or compression

In the STIR/T2 weighted-sequences: the mass is low signal

In the T1 weighted-sequences with fat suppression images: the mass is low signal

In the first pass perfusion sequence: the mass has negligible perfusion

In the early –enhancement imaging: the mass has no enhancement

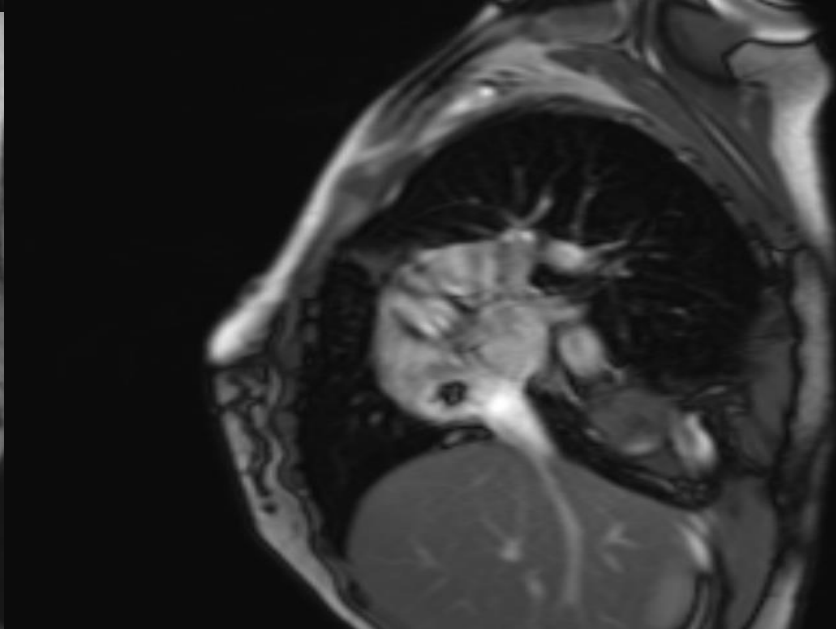
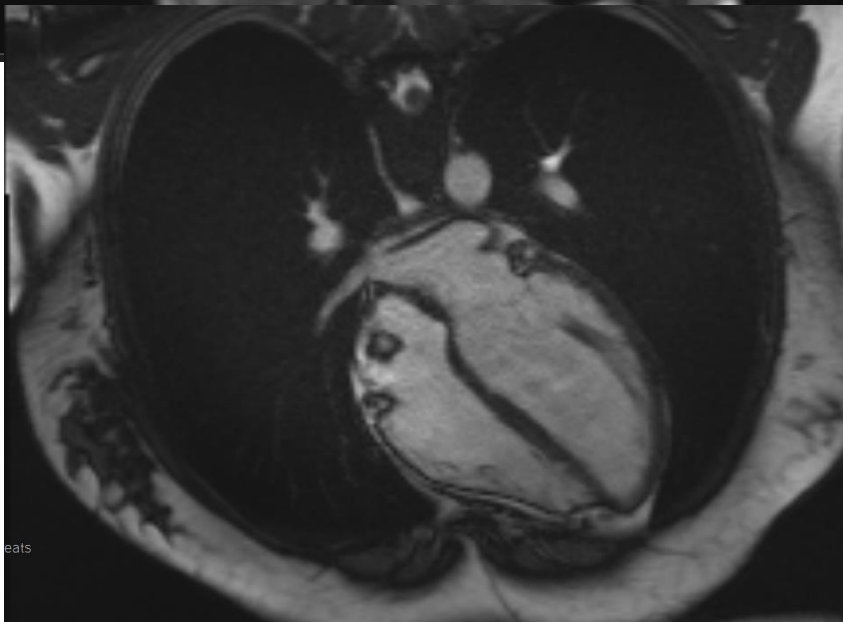
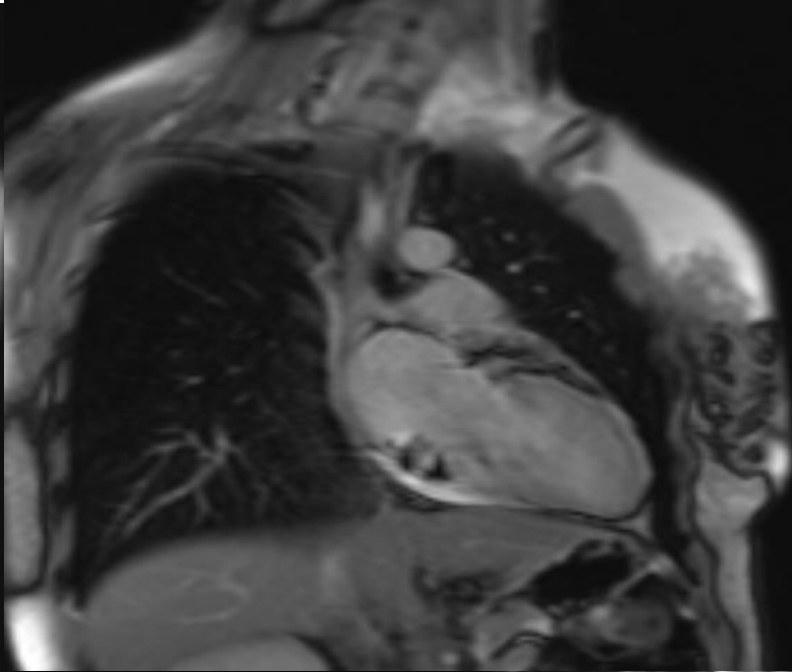
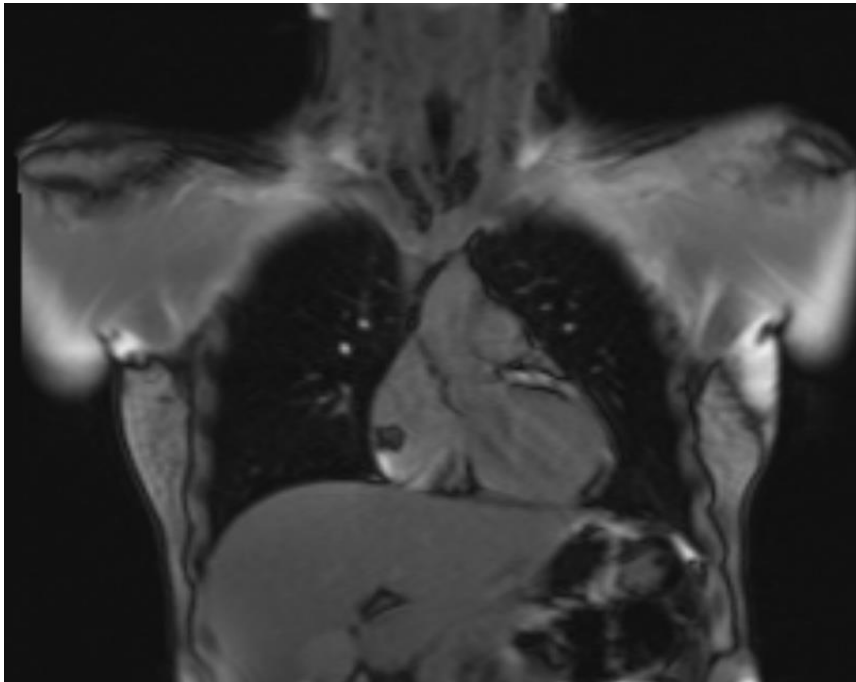
In the late-enhancement-sequences: the mass has negligible enhancement

## NON-VASCULAR FINDINGS:

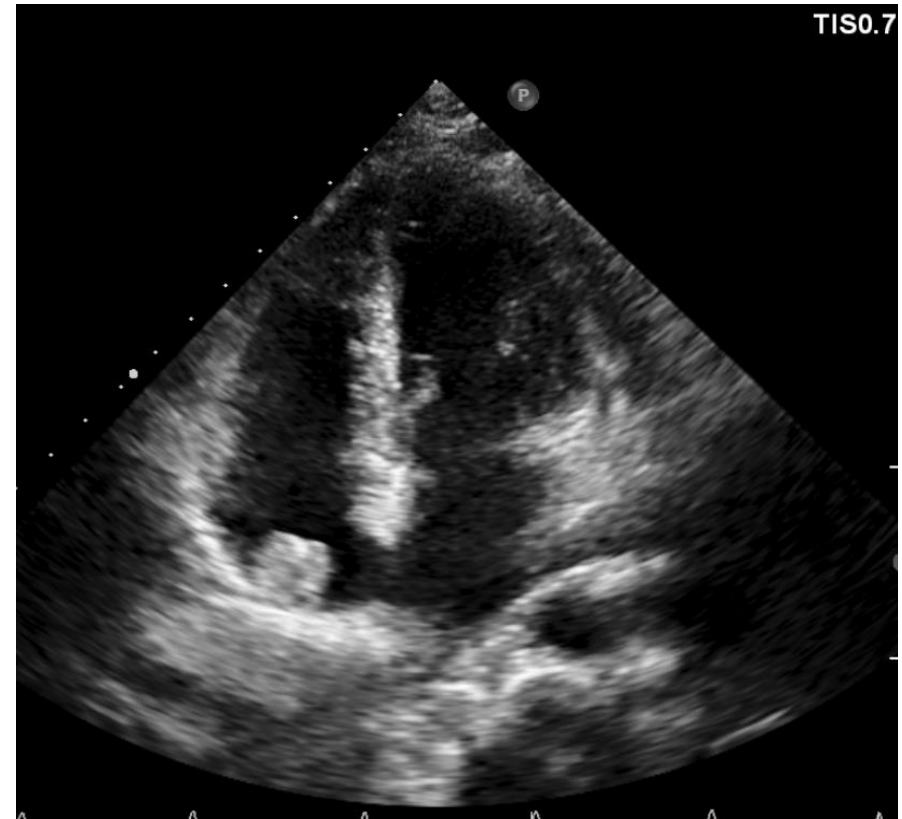
- Imaged upper abdominal viscera are unremarkable
- No evidence of other thoracic mass
- Mild pericardial effusion

## IMPRESSION:

- Normal LV size without LVH and with normal systolic function. LVEF = 62 %
- Normal RV size without RVH and with normal systolic function. RVEF = 64 %
- **Due to MRI tissue characterization criteria: cardiac lipoma is the most likely diagnosis.**

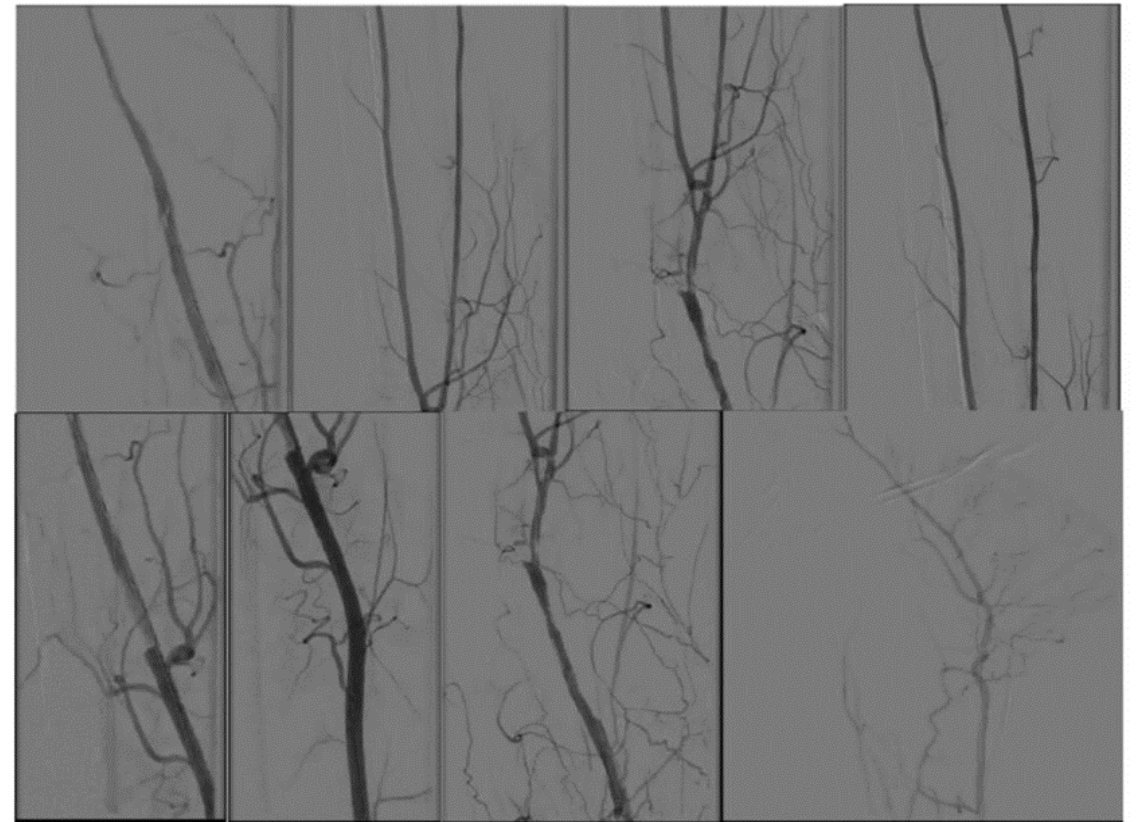
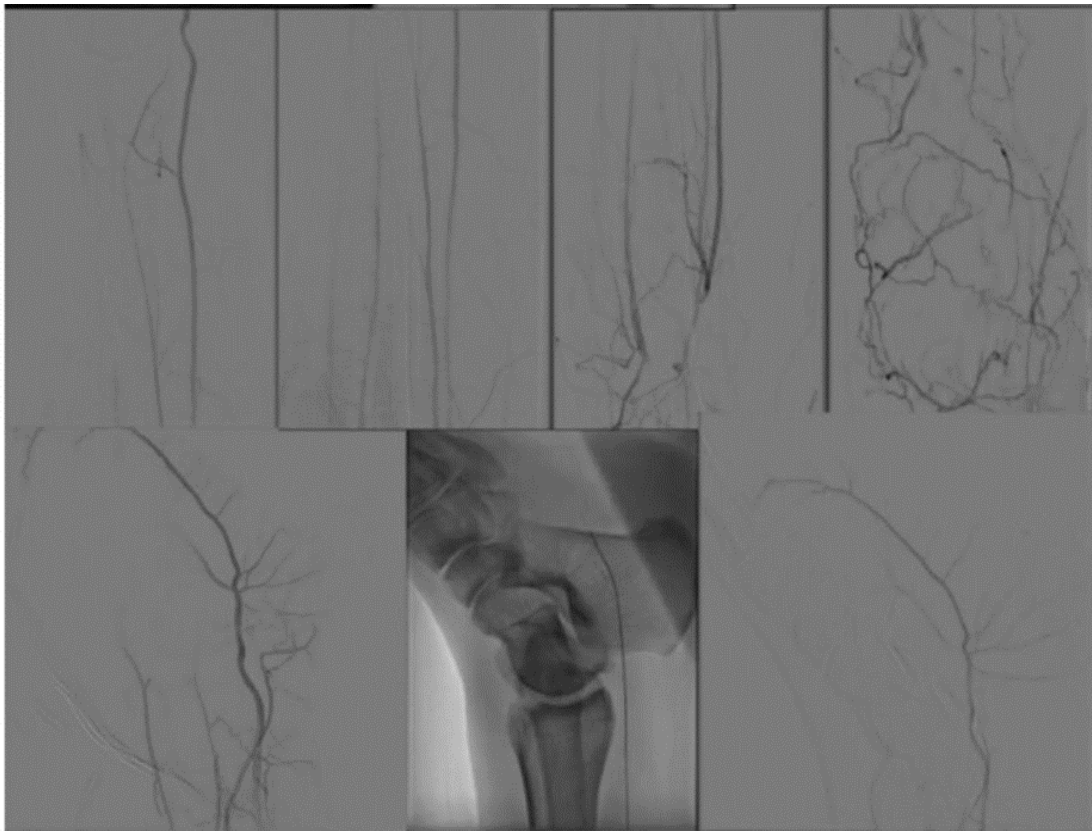


# FOLLOW UP ECHOCARDIOGRAPHY





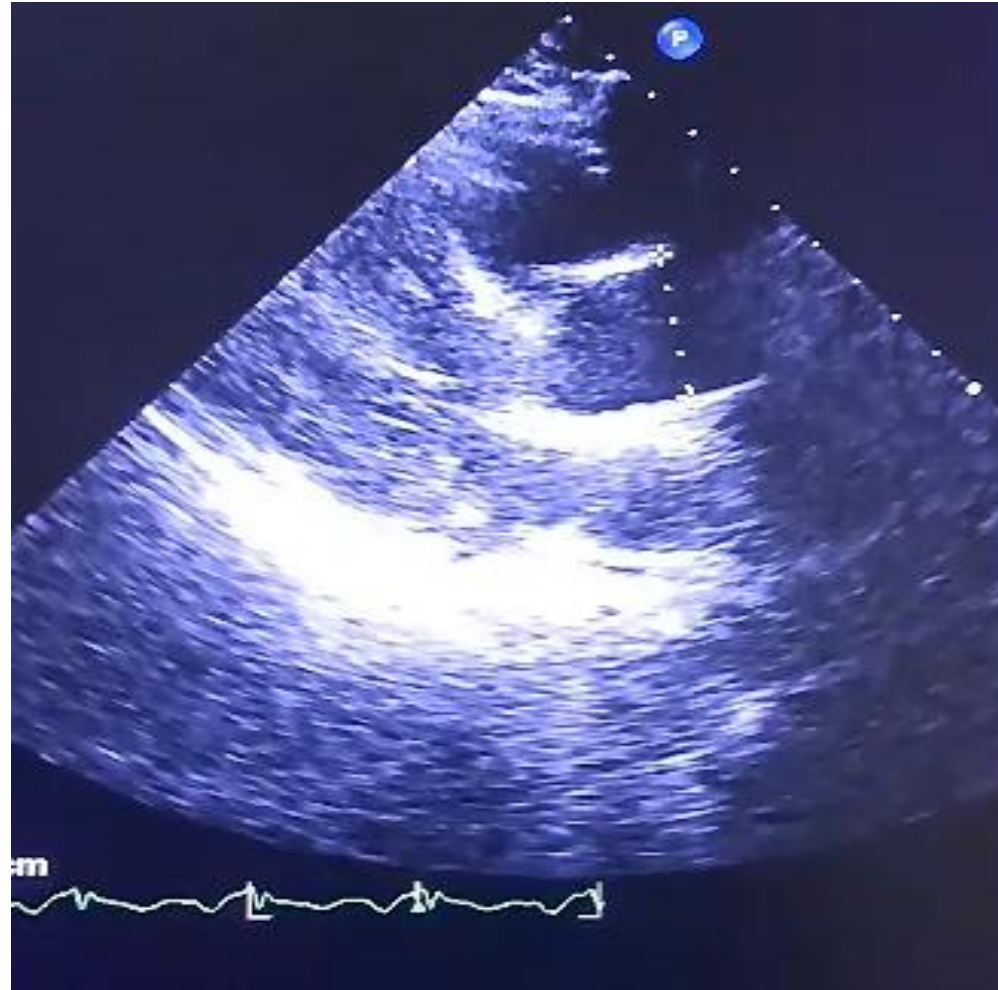
# CASE 5 : CDT FOR ACUTE ON CHRONIC LIMB ISCHEMIA, 42 YEARS OLD WOMAN ON CHEMOTHERAPY FOR BREAST CANCER





# CASE 6: 62 YEARS OLD REFERRED DUE TO RA MASS

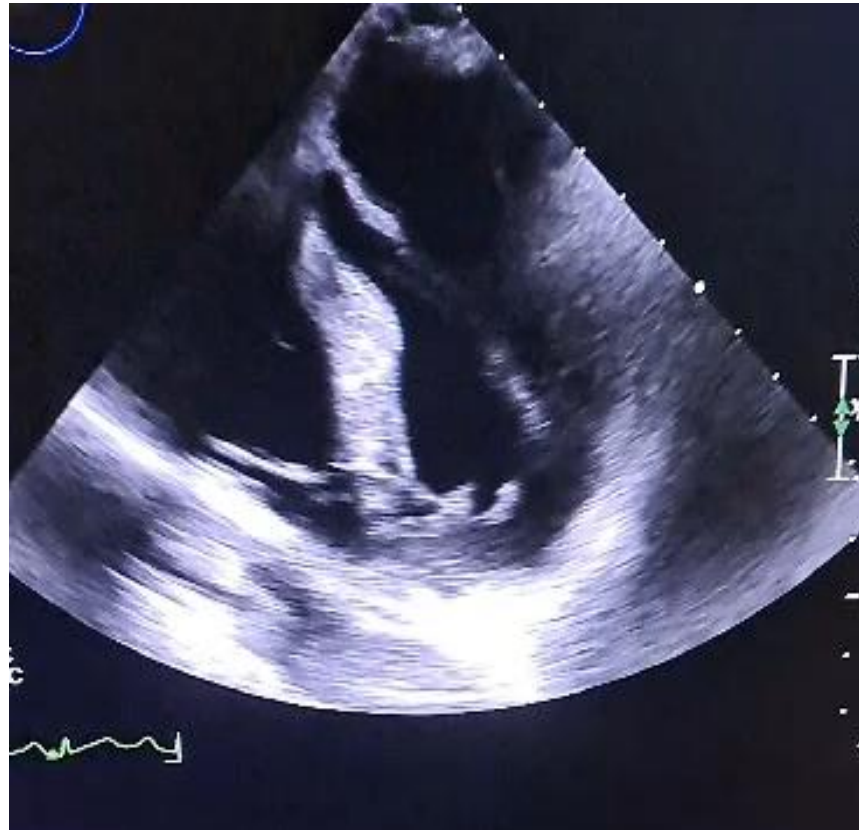
**TTE**





# RA WALL FOLDING AND INVERSION (NL VARIANT)

TEE

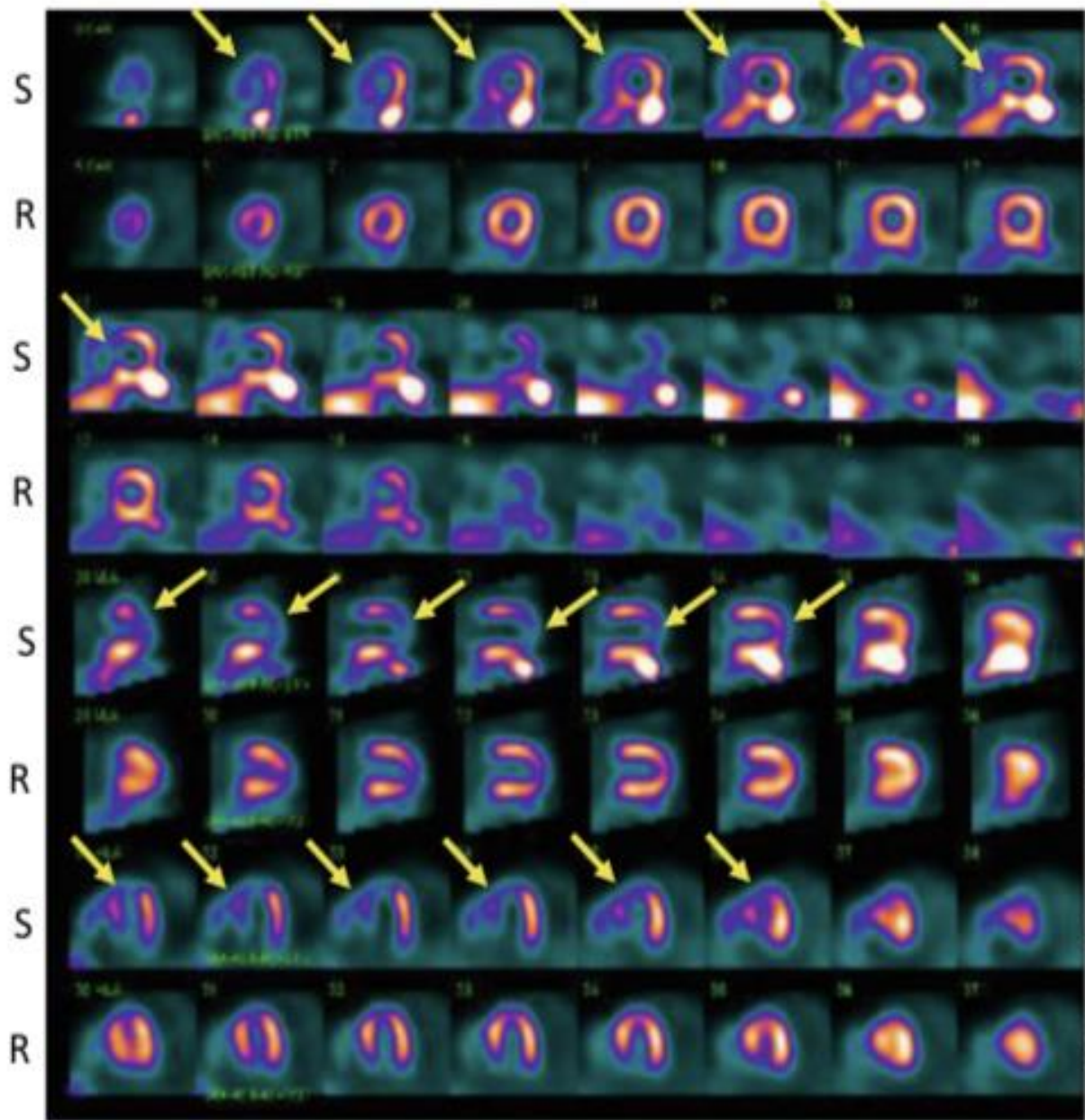




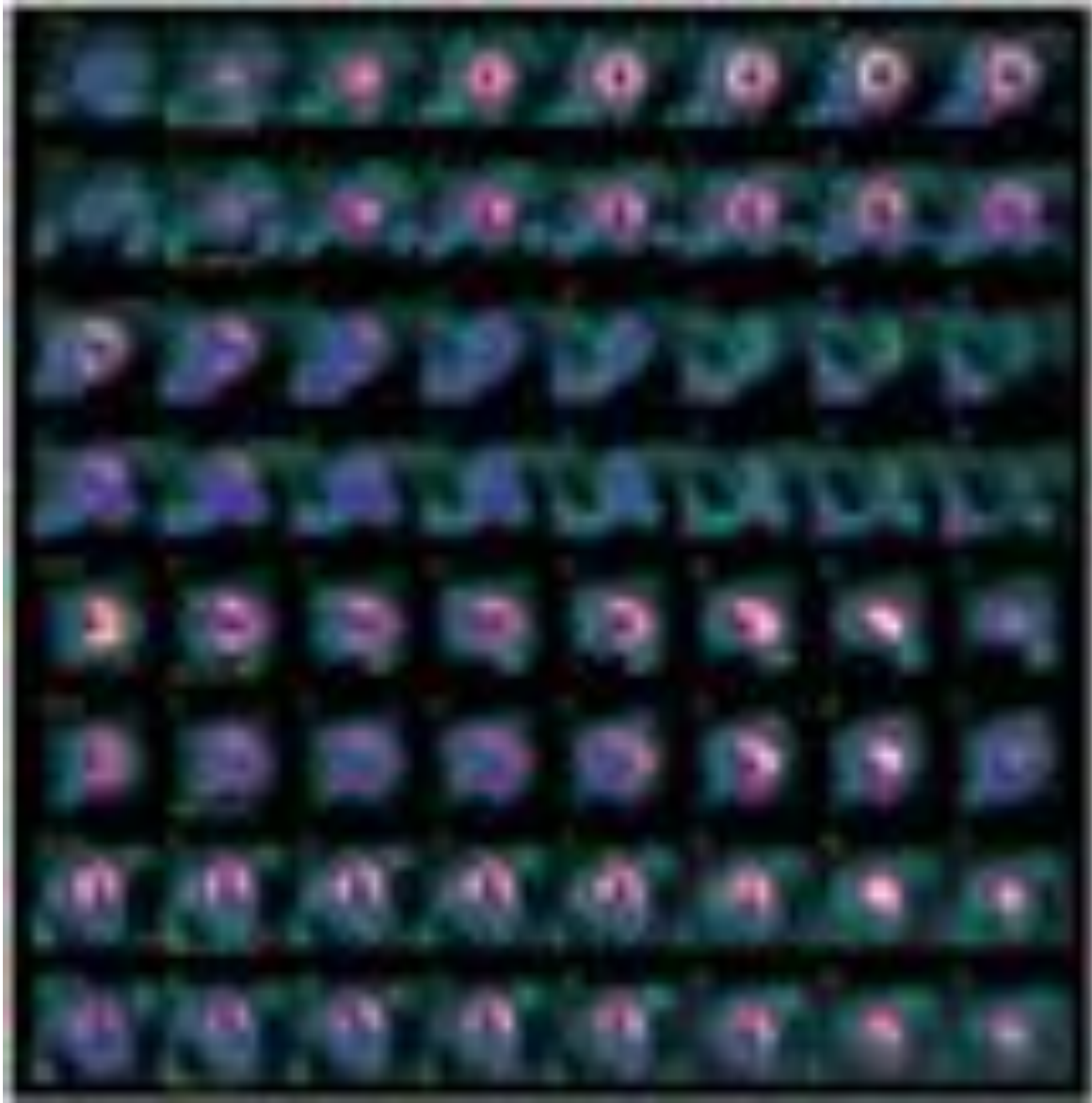
# **DASATINIB**, ORAL TYROSINE KINASE INHIBITORS (TKIS) A SECOND-GENERATION BCR-ABL INHIBITOR

- **A 43-year-old man, no cardiovascular RF, with Ph + ALL. He was admitted for expedited workup for his cancer and to initiate treatment with Dasatinib. Within 3 hours of the first dose of Dasatinib the patient reported new exertional typical chest pain.**

**CASE 7:**



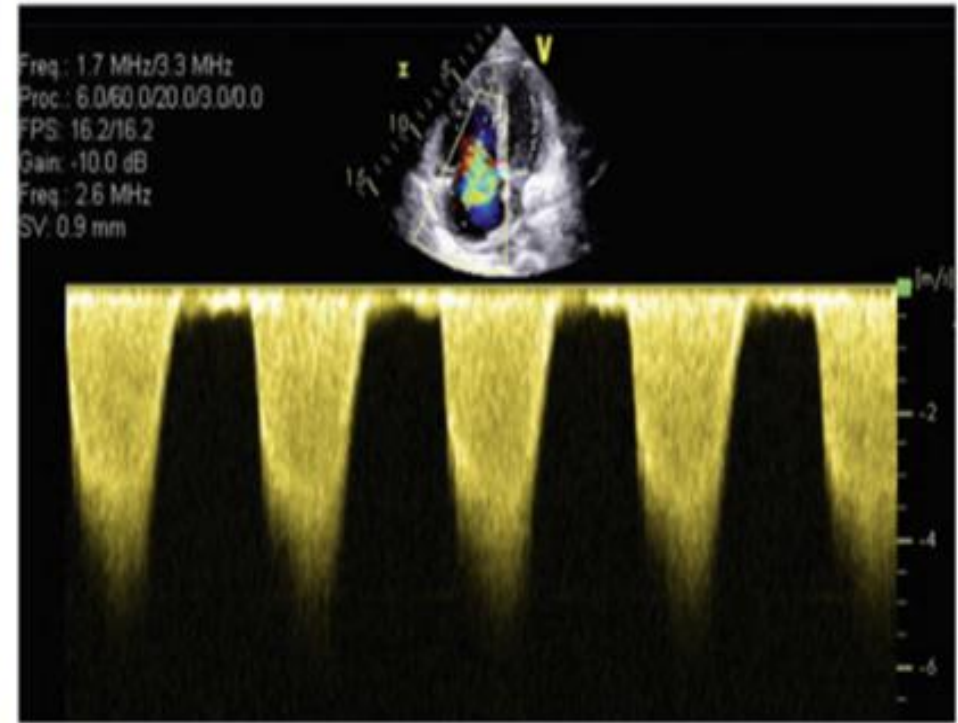
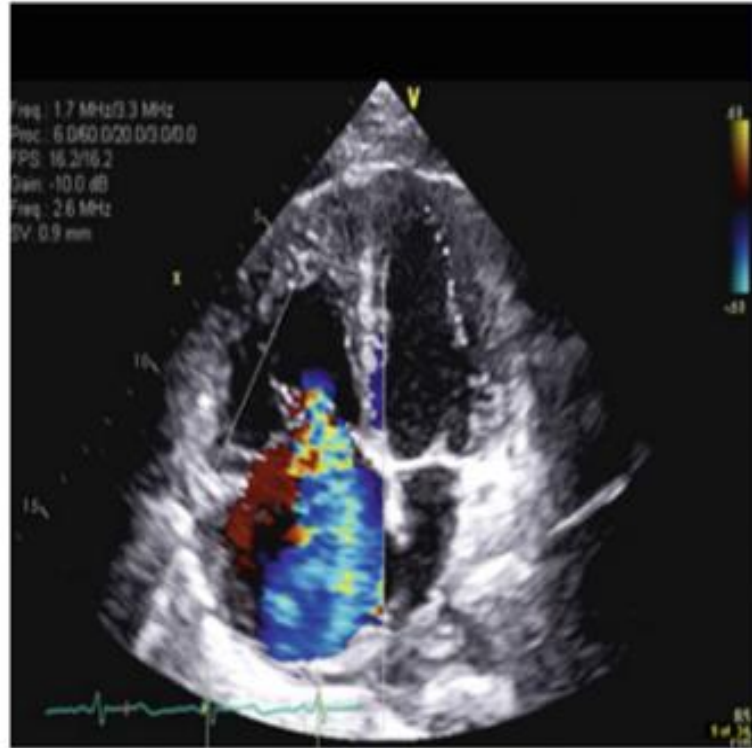
**CORONARY  
VASOSPASM BY  
DASATINIB**



- **His stress test was repeated, while on Dasatinib and Nitrate and was normal.**
- **He reported no further chest pain even with ambulation while receiving Dasatinib and Nitrate.**

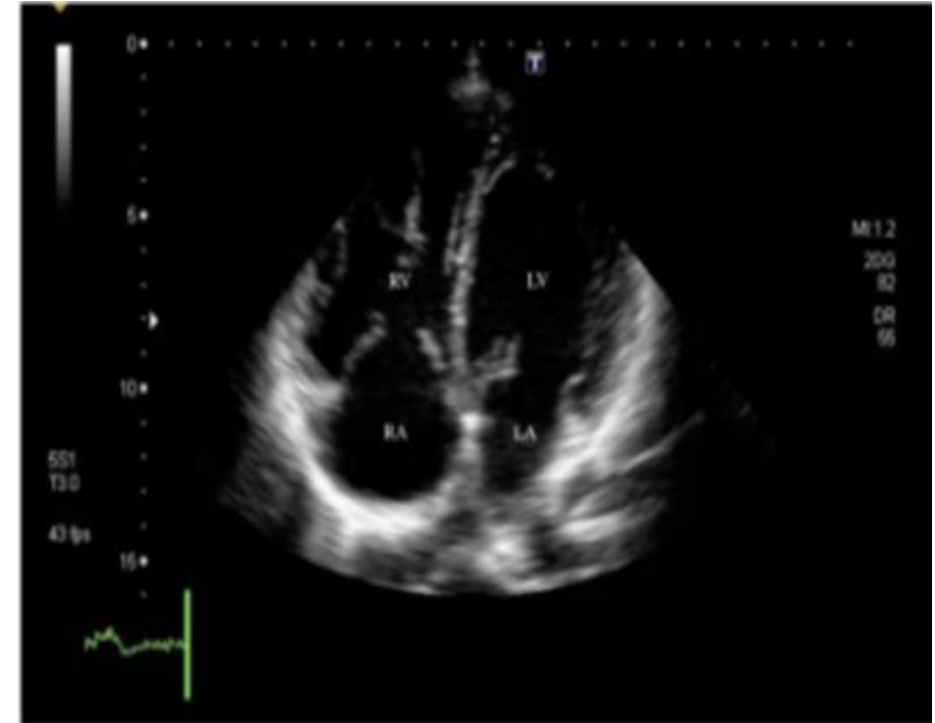
## ANOTHER CASE WITH DASATINIB COMPLICATION

- Oral tyrosine kinase inhibitors (TKIs) are the mainstay of CML treatment and achieve long-term control in the majority of patients.
- A 24-year-old man, presenting dyspnea at rest and leg edema, with **CML**, Refractory to Imatinib, On Dasatinib for 4 years (100 mg/day).



## B-TYPE NATRIURETIC PEPTIDE LEVEL WAS DECREASED FROM 785 TO 36 PG/ML BY FOLLOWING TREATMENT

- **Combination therapy (Sildenafil + Bosentan)** is useful option for symptomatic patients after discontinuation of Dasatinib and substitution by another TKIs (in this patient **Bosutinib**).

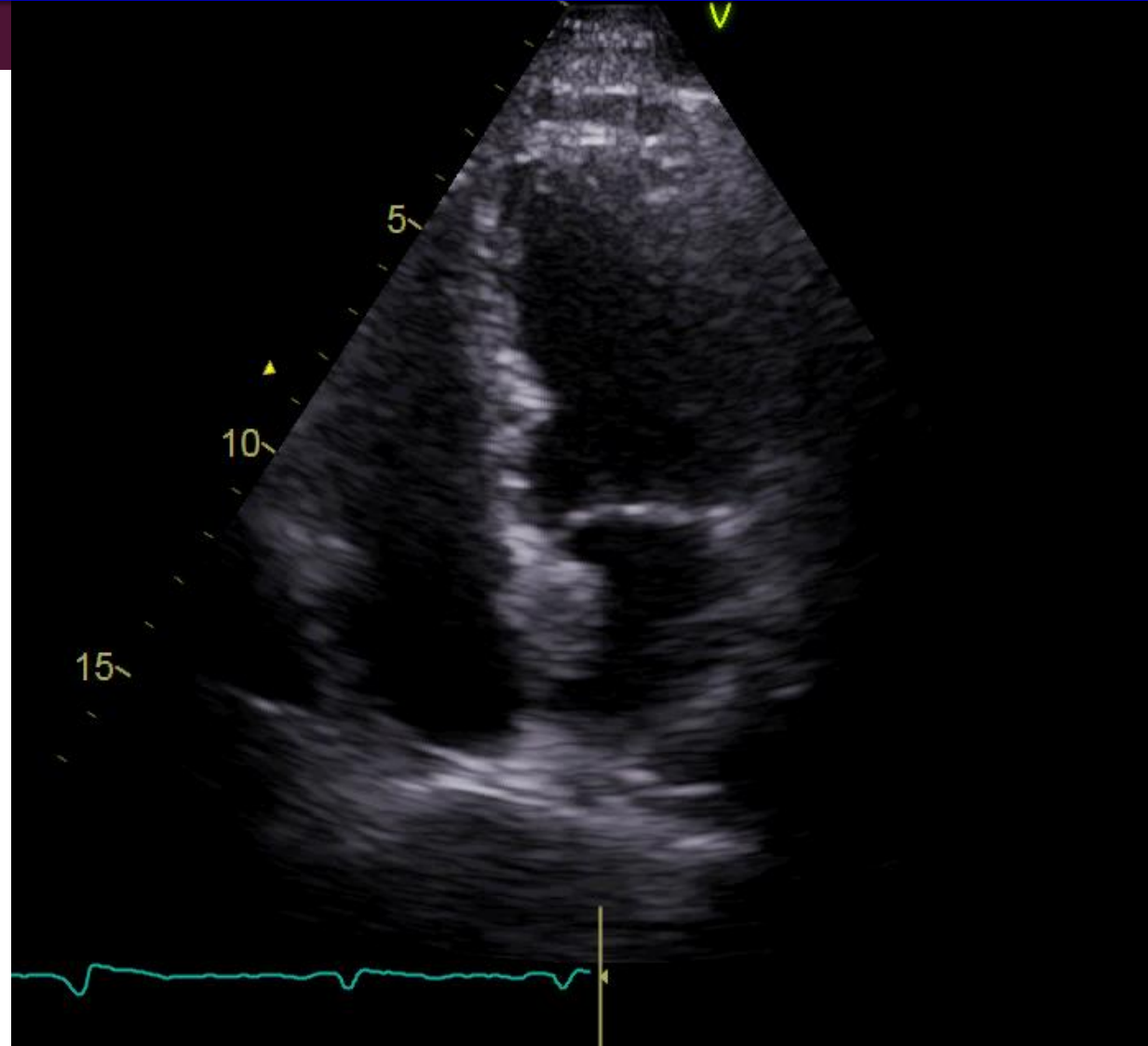


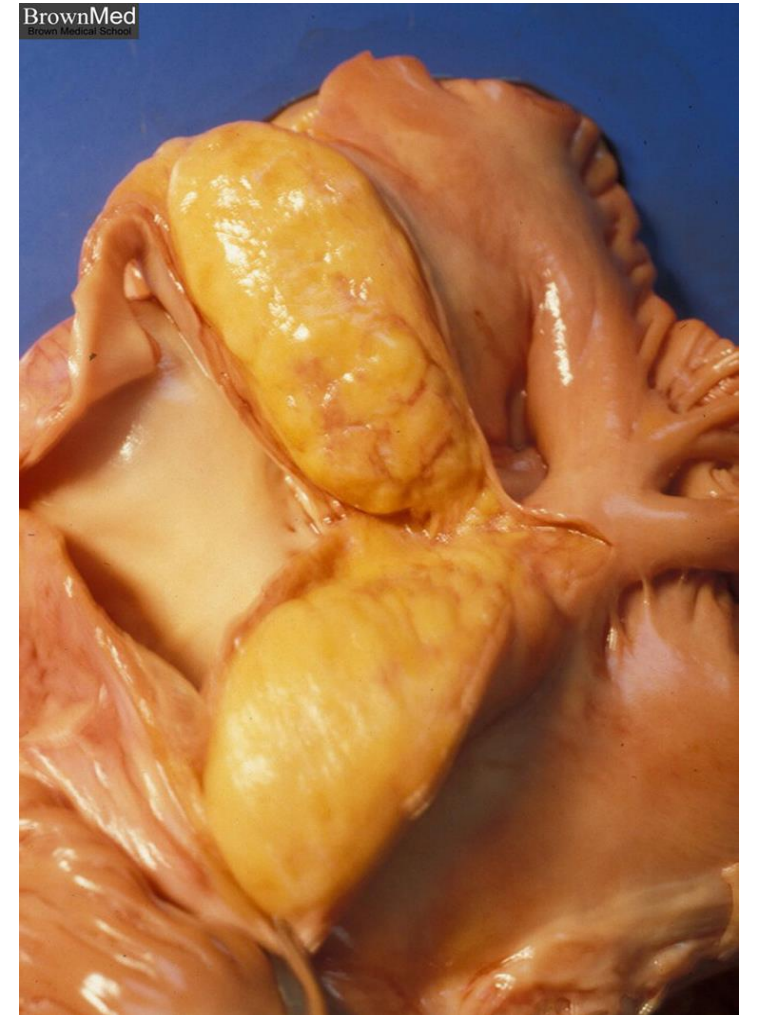
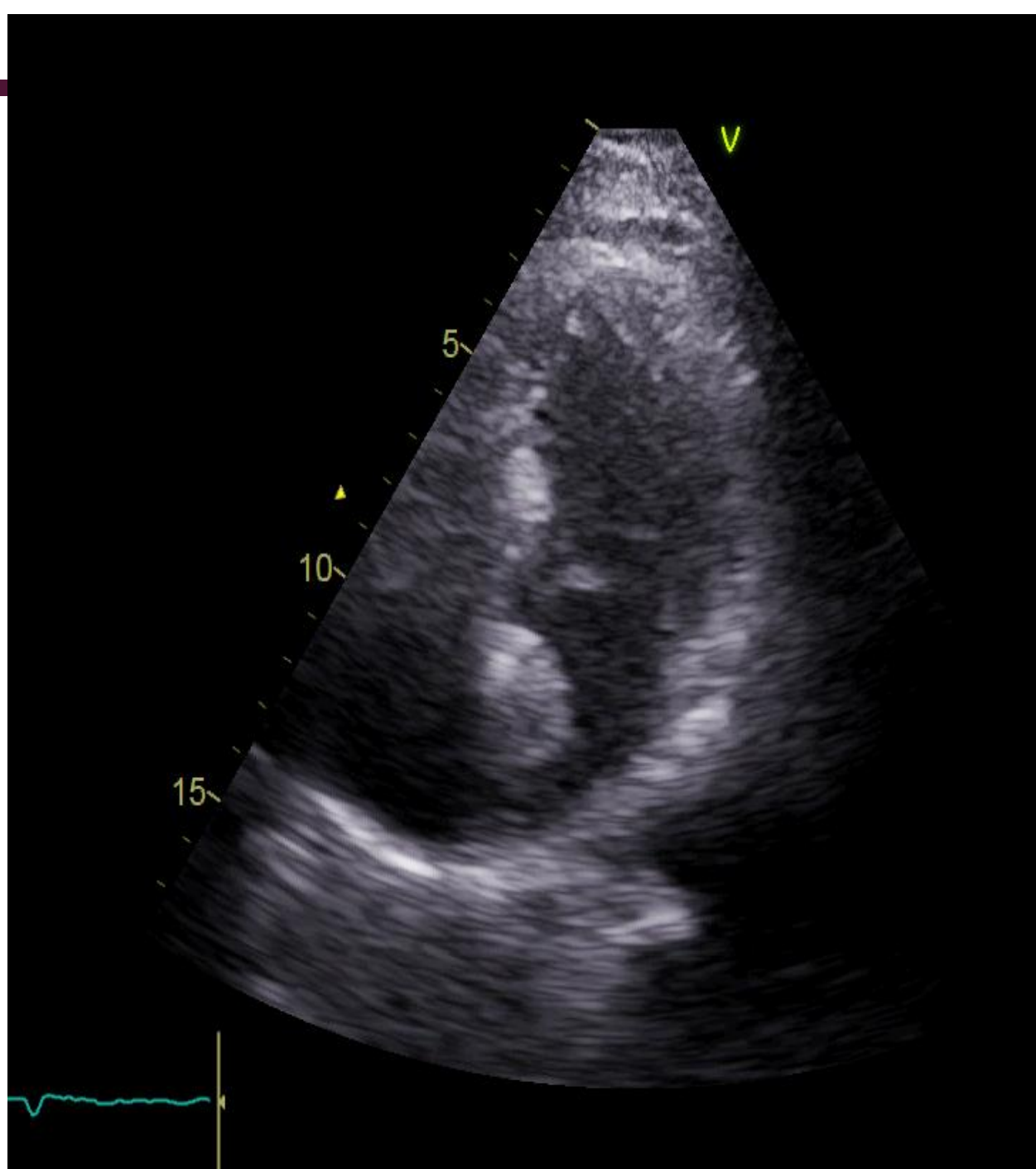




# 65 YEARS OLD MAN, INCIDENTALLY FOUND LA MASS

## CASE 8:





PHILIPS

MI 0,3

TIS 0,1

OMASSON 3E

K7-2t

16Hz

7,0cm

T pac.: 37,0 °C

T TEE: 38,9 °C

0 103 180



2D

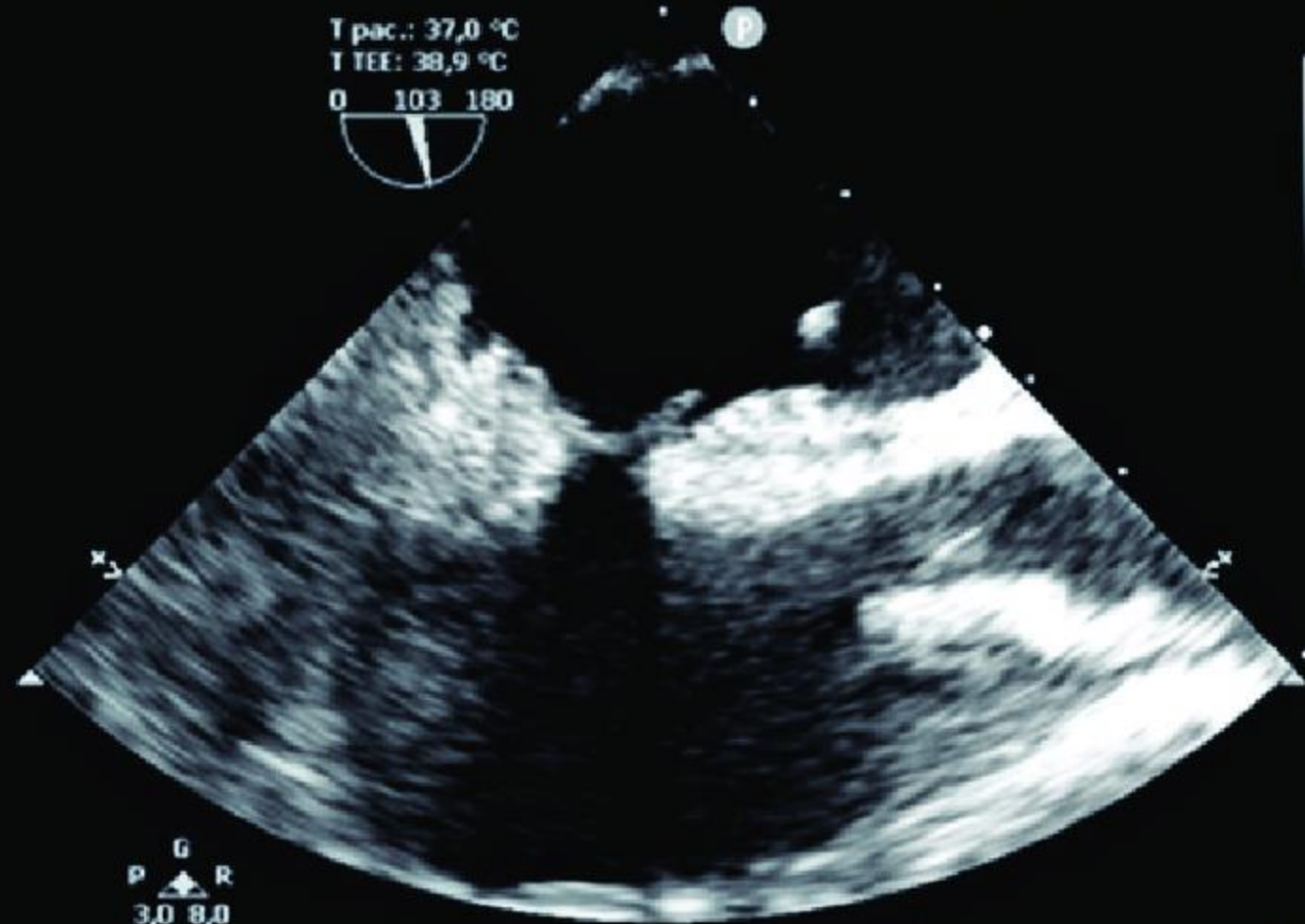
Ger.

Gn 28

C 48

3 / 4 / 0

50 mm/s



G  
P R  
3,0 8,0



71  
bpm

Thank  
you

