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IMAGE FOCUS



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Cardiac angiosarcoma is a rare and aggressive primary cardiac tumour. This image focus highlights a case involving a 46-year-old patient presenting with syncope and significant pericardial effusion, ultimately diagnosed as cardiac angiosarcoma (Figures 1–3) and anatomopathology (Figure 4).

The patient was admitted with syncope, persistent chest pain, and dyspnoea (NYHA class III). Notable medical history included stable sarcoidosis.

Cardiac angiosarcomas should be considered in patients with unexplained cardiac masses and systemic symptoms. This case illustrates the critical role

of advanced imaging and histopathological confirmation in diagnosing and managing this aggressive malignancy.

This case underscores the importance of a comprehensive diagnostic approach, integrating imaging and histopathology, in managing cardiac angiosarcomas. Early recognition and a multidisciplinary treatment strategy are essential for improving patient outcomes.

1. Thoracic angio-CT scan (Figure 1).
2. Transesophageal echocardiography (TEE) (Figure 2)
3. PET-CT Scan (Figure 3)
4. Histopathological confirmation (Figure 4)

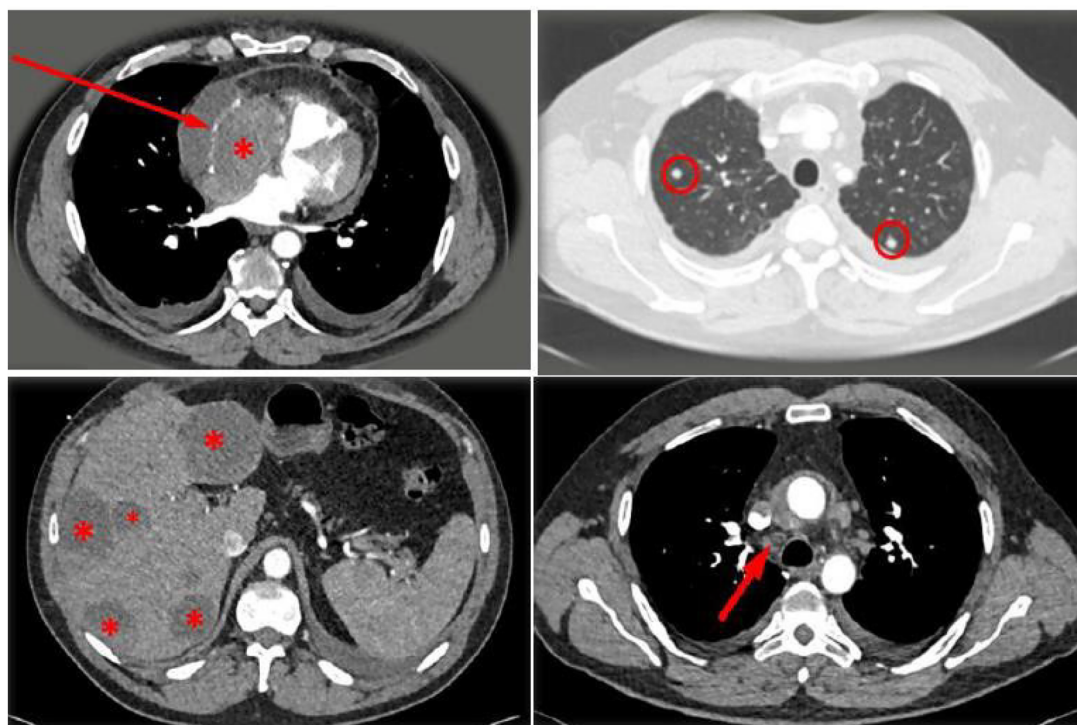


Figure 1. (A) A 7 × 4 cm tissue formation (*) within the right atrium (arrow) and pericardial effusion (35 mm). Lesions suggestive of metastasis with (B) pulmonary nodules. (C) Large hepatic nodular lesions. (D) mediastinal lymphadenopathy.



Figure 2. TEE images showing a 6 × 7 cm mass (*) and pericardial effusion (arrow), with contrast echocardiography highlighting intramass vascularity in the last image (*).

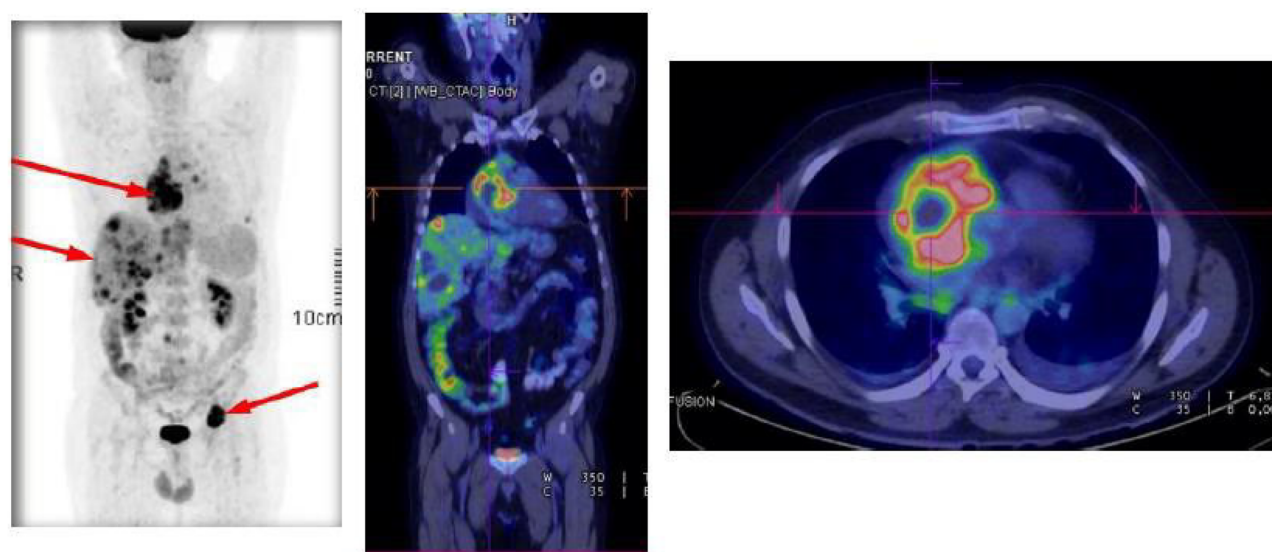


Figure 3. PET-CT Showing hypermetabolic lesions in cardiac, hepatic, and osseous regions.

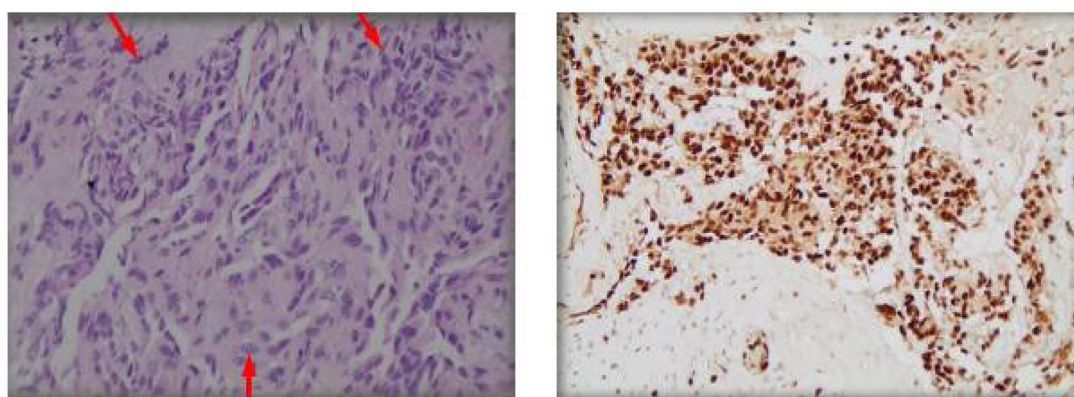


Figure 4. Pathological examination of the cardiac mass, obtained via interventional cardiology, reveals high cellularity and nuclear polymorphism on the left. On the right, immunohistochemistry using anti-ERG antibodies highlighted the endothelial nature of the lesion (Figure 4).