

Cardiac Metastasis from a Primary Esophageal Adenocarcinoma: A Rare Presentation

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Abstract

The overall incidence of cardiac metastases from an esophageal primary is extremely rare and not well documented in the literature.

Most cases described are found post-mortem, with the most common histologic presentation being squamous cell carcinoma.

Our case was diagnosed ante-mortem, without cardiac symptoms on presentation and was an adenocarcinoma, which is extremely rare and infrequently documented in the literature.

Presentation

We report a case of a 72-year-old Caucasian male with a history of atrial fibrillation and hypertension who presented with complaints of dysphagia, belching and unexplained weight loss.

Upper endoscopy revealed a mass in the distal esophagus extending from 38-42 cm and histopathology then confirmed an adenocarcinoma.

Clinical Evaluation

A CT of the chest showed a probable 3.8 cm thrombus in the right atrium. The patient did not present with any cardiopulmonary signs or symptoms.

A transesophageal echocardiogram was performed which showed a 4.5 x 4.1 right atrial mass rather than a thrombus, which was subsequently successfully excised by thoracic surgery.

The mass was consistent with metastatic adenocarcinoma, positive for cytokeratin 7/20 and CDX-2 and negative for TTF-1, HER2/neu and PD-L1, and felt to be of esophageal origin.

No other evidence of distant metastasis were noted.

Treatment & Conclusion

Oncology initiated systemic chemotherapy with Oxaliplatin, Leucovorin, 5-FU and OPDIVO, and he received 6 cycles. The patient initially did well but ultimately succumbed to his disease state several months later.

This highlights a rare case of esophageal adenocarcinoma with a large metastasis to the right atrium.