MULTIPLE CARDIAC METASTASES FROM MERKEL CELL CARCINOMA: A RARE ENTITY

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BACKGROUND

Merkel cell carcinoma (MCC) is a rare but aggressive cutaneous malignancy that arises from neuroendocrine cells. It is primarily found in light-skinned elderly individuals and widely metastasizes but rarely to the heart.

CASE DESCRIPTION

- 82-year-old female with a history of primary MCC of the nose with metastasis to the mandible, status post resection, chemotherapy, and radiation.
- She had a second metastasis to the SVC, invading the RA, causing SVC syndrome, which was treated with radiation.
- She presented with exertional dyspnea, retrosternal sharp pain, and shortness of breath.
- The echocardiogram revealed a mass encasing both ventricles, with normal ejection fraction but reduced right ventricular and left ventricular function due to constrictive physiology.
- In addition, a large pericardial effusion without tamponade was noted.

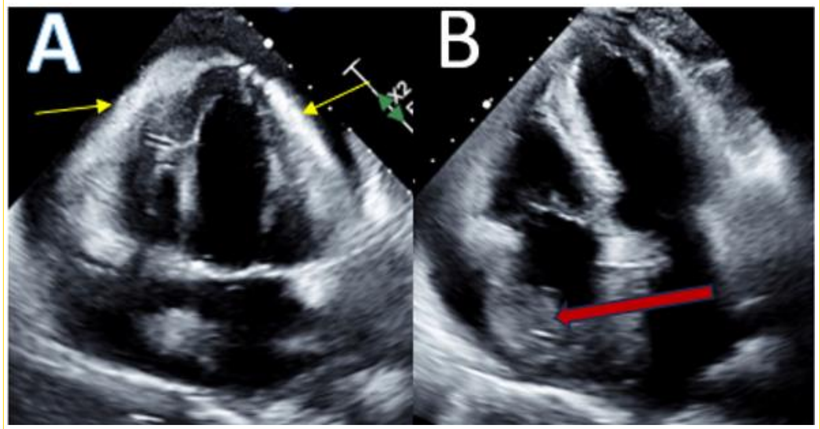

Figure A: Four-chamber echocardiogram showing tumor (yellow arrows) in the right and left ventricles.

Figure B: Four-chamber echocardiogram showing tumor (red arrow) in the right atrium.

DECISION-MAKING

- The patient had prior admission for syncope and was found to have sinus pauses resulting in pacemaker placement and subsequently had SVC syndrome, both likely due to invasion by tumor.
- Therefore, these new masses overlying the ventricle were likely due to MCC. During this admission, she had episodes of hypotension and PAF with rapid rates and bursts of NSVT. Repeat radiation therapy was planned. However, she had cardiac arrest and died.

CONCLUSION

- MCC rarely metastasizes to the heart, resulting in mechanical and electrical abnormalities.
- A high index of suspicion should be considered in patients presenting with cardiac symptoms to initiate appropriate therapy and prevent mortality.

REFERENCES

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