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A CASE REPORT OF PRIMARY CARDIAC RHABDOMYOSARCOMA

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A 30-year-old woman was refereed to our hospital for recurrent episodes palpitate and shortness of breath for 3 months, symptoms deteriorated for 1 week. Physical examination: The general condition was good. Orthopnea, no lymphadenopathy, Cyanosis, or venodilation was detected. Breathe sound was rough, moist rales were heard in the bottom of the lung. apex-beat was in the normal range. Heart rate 110/m, sinus regular rhythm, II° diastolic murmurs could be heard in the apex area, rough, no conduction, $P_2>A_2$. There were no peripheral vascular signs. No edema in both legs. Laboratory test indicated: Erythrocyte Sedimentation rate of 84 mm/h. Electrocardiogram showed pulmo P wave, low voltage tendency. UCG showed left atrium enlargement. There was 4 cm × 5.1 cm occupied sound image and revealed two mucago dark areas independent to heart beats. No obvious pedicel like echo. The clinical diagnosis was left atrium myxoma. During the operation, it was found that the left atrium was filled with tumor. The tumor like the ginger, fragile as rotten meat, no adhesion to the atrial septum. No pedicel. The base was on the right side of the left atrium. The pulmonary vein was filled with tumor tissues. Curetted tumor tissues of the left atrium. Left auricle and pulmonary vein. The place where the right superior pulmonary vein meet with the left atrium was rupture. Sutured it by adding cushion. Removed tumor tissues about 100 g. Pathological diagnosis: Left atrium pleomorphic rhabdomyosarcoma with haemorrhage and necrosis.

DISCUSSION

The incidence of primary cardiac tumor is very low.

The statistical data of autopsy shows that the incidence is about 0.0017%–0.05%. Still the primary cardiac rhabdomyosarcoma is even rare. In 1949, each reported that there were 8 (0.02%) rhabdomyosarcoma cases in 422 primary cardiac and pericardiac tumor. The primary cardiac rhabdomyosarcoma can be divided into 3 entities: pleomophic type, alveolar type and embryonal type. The tumor can occur in any site of the heart. The patient age is usually between 30–40 years old. No definite pre-ponderance between male and female. The clinical symptoms varied according to the site where tumor occur and infarction. The initial symptom of this patient was left heart failure, episode paroxysmal palpitate, shortness of breath, coughing and hemoptysis. They are consistent with the literature reports. UCG and MRI are helpful to the diagnosis. But the final diagnosis still needs the pathological confirmation. 21 days after the palliative operation, the patient died of respiratory and circulation failure. Even so, aggressive and complete surgical resection still seems to be the most effective therapeutic method for a primary rhabdomyosarcoma.

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