Editorial

Cardiac tumors: a rare clinical condition with rare treatment options

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Primary cardiac tumors are rare, accounting for less than 0.01% of all tumors. In contrast, metastases (secondary) account for up to 21% of necropsy studies (1-4). I believe there are many more; they are underdiagnosed because symptoms depend on size and location.

Approximately 75% of primary tumors are benign and 25% are malignant (1,5). Among the known benign ones are myxomas, papillary fibroelastoma, lipomatous septal hypertrophy, lipomas, rhabdomyomas, and fibromas; the latter two are more frequent in children (3-5).

Sarcomas are the group of tumors that are the most common primary cardiac tumors, and among them, most common are the angiosarcoma, rhabdomyosarcoma, leiomyosarcoma, liposarcoma, and fibrosarcoma (4,5).

Myxomas account for 50% of benign tumors, and 90% are from the left atrium and 10% from the right atrium attached to the septum (5-7). Symptoms depend on its size; the bigger the size, the more symptomatic it is. There are cases when it even obstructs the mitral valve. In most cases, the diagnosis is made using echocardiography; in some cases, computed tomography or magnetic resonance imaging is necessary. For all tumors, the definitive diagnosis is histological. Treatment is surgical unless there are contraindications (1,2).

Approximately 75% of malignant heart tumors are sarcomas, most of which are located on the right side, as opposed to benign tumors (1-5).

Metastatic cardiac tumors are at least four times more frequent than primary tumors because of blood dissemination or direct extension via the vena cava, similar to thrombus tumors in hepatocarcinomas. Usually, the primary tumor arises from the skin, lung, breast, kidney, lymphoma, and rarely from the uterus. Most metastatic implants are found in the pericardium; intracardially, they are found more frequently on the right side (1,5,8,9).

Symptoms highly depend on the primary tumor, and in some cases, signs of heart failure are more evident.

There are reports of metastases occurring years after the primary tumor is considered cured (9). In these cases, the diagnosis is more difficult.

The treatment of malignant tumors of the heart is challenging. A case of relapsed cardiac metastasis from uterine leiomyosarcoma after surgery responded to eribulin treatment (10). The authors present an interesting alternative option for this patient. Although this is a single case, we understand that despite its rarity, this option should be considered in larger studies. I salute my colleagues for the idea and result that opens up a new treatment option for these patients.

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