**MERCILESS, METASTATIC, MALIGNANCY TO THE HEART: CASE OF PULMONARY SARCOMATOID ADENOCARCINOMA**

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We describe a case of metastatic pulmonary sarcomatoid adenocarcinoma, a rare subtype with poor prognosis, causing metastatic pericardial tumor with right and left ventricular myocardial wall destruction, tamponade and death.78 year old female with history of CKD, Hypertension presented with 1 month history of palpable painless mass in the left neck. She underwent CT imaging which showed diffuse metastasis including lung, liver, renal, peritoneal /GI Mets with partial intussusception and pericardial involvement. Even though CT reported as pericardial mass measuring about 3 cm in the apical region, given her diffuse metastasis and absence of any cardiac symptoms echocardiography was not performed. Patient developed bowel obstruction and underwent laparotomy with partial resection of small bowel. Pathology results showed wild type metastatic sarcomatoid adenocarcinoma from lung primary. To complete the tumor staging; she had MRI brain which showed solitary cerebellar metastasis and underwent brain surgery for tumor resection. Few days later she presented with dyspnea and chest pain and an echocardiogram showed 6x4cm large pericardial tumor invading the right ventricle, extending throughout the myocardial layer of the apex of the left ventricle, anterior pericardial effusion, and tamponade. In certain echo views, endocardial layer was disrupted rising the suspicion for rupture of myocardium. Given her poor prognosis she went into home hospice, and as expected she died within 1-2 days. Retrospectively, earlier echocardiography might have identified the magnitude of cardiac involvement which might have helped to determine the prognosis and avoided all the surgeries and last few days of her life in the hospital bed.

We propose that at least in selected cancers like mediastinal, lung cancer where metastatic cardiac involvement is common, baseline echocardiography should be a part of multimodality imaging for cancer staging as well as to assess cardiac function prior to treatment.