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## An Unusual Case of Right Ventricular failure

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A 50-Year-old woman presented with raised JVP and bilateral pitting pedal edema suggestive of right heart failure. She received radiotherapy for carcinoma of cervix 7 years ago. Her ECG revealed sinus rhythm with right ventricular (RV) hypertrophy. 2Dechocardiography showed dilated RA and RV with endocardial RV mass (Figure 1A) obliterating entire RV cavity in parasternal short axis view (Figure 1B). There was minimal pericardial effusion. Cardiac MRI showed iso-intense proliferating mass in RV cavity (Figure 1C, D). Late Gadolinium Enhancement images revealed heterogeneous contrastenhancing growth arising from septal and free wall of RV (Figure 1E). Whole body Fluorodeoxyglucose-18 positron emission computed tomography (18F-PET CT) was performed with focused cardiac study after appropriate diet preparation. There was FDG uptake (SVU max- 8) of heterogeneously enhancing RV mass (Figure 1F). There were also multiple enlarged FDG avid para-aortic and common iliac lymph nodes (SVU max-7.7). Trans-jugular biopsy of RV mass was performed with 5F bioptome under fluoroscopy and 2D-echocardiography guidance (Figure 1G). Histopathology study of biopsy tissue showed fibrinoid necrotic tissue and moderately differentiated squamous cell carcinoma (Figure 1H) suggestive of metastasis squamous cell carcinoma probably from old Carcinoma Cervix. This is a rare case of cardiac metastasis especially when primary disease in cervix is not active.

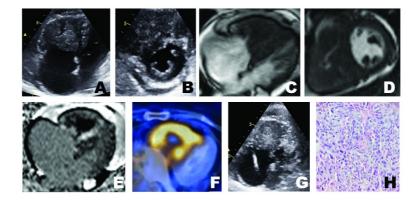


Figure 1