Distant recurrence of metastatic right ventricular-pulmonary artery tumour requiring prompt management

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Text 100 words, References 2, Video 2.

KEYWORDS
Cardiac tumor, cervical cancer, cancer metastasis, disseminated intravascular coagulation, palliative care.

Written informed consent was obtained from the patient family to publish this report in accordance with the journal’s patient consent policy.

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Key Clinical Message
In treatment-resistant right ventricular tumours, it is essential to consider the natural progression and potential circulatory complications of the malignancy. Physicians should inform patients regarding these possibilities and prepare for appropriate, end-of-life, palliative care.

Abstract: This video describes the presentation and deteriorating clinical course of a 74-year-old woman with a dry cough who was diagnosed with a metastatic right ventricular-pulmonary artery tumour with
disseminated intravascular coagulation. She died within a few days of palliative care at home after multidisciplinary treatment. Clinicians should consider the possibility of a rapidly worsening metastatic right ventricular-pulmonary artery tumour.

**Manuscript:**

A 74-year-old woman with a history of cervical cancer presented with dry cough. Her physical examination revealed tachycardia, pallor, and purpura. Transthoracic echocardiography and cardiac computed tomography revealed various masses and irregular wall thickening in the right ventricle extending into the right atrium and pulmonary artery (Videos S1 and S2). Metastatic tumour with disseminated intravascular coagulation was considered based on elevated squamous cell carcinoma antigen and cytokeratin-19 fragment levels. She died within a few days of receiving palliative care at home after multidisciplinary treatment.

Metastatic heart tumours have poor prognosis; therefore, clinicians should be prepared for potential circulatory complications¹, ².

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**REFERENCES**
