

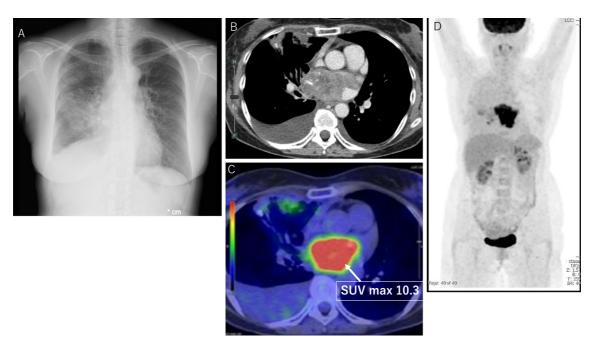
## [ PICTURES IN CLINICAL MEDICINE ]

## **Huge Primary Cardiac Undifferentiated Pleomorphic Sarcoma**

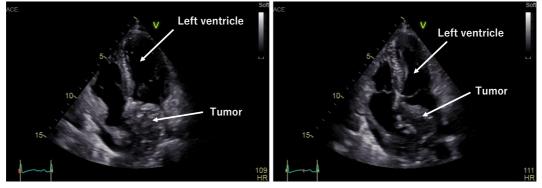
Ryo Karasudani<sup>1</sup>, Norihiko Nakanishi<sup>2</sup>, Masahiro Tabata<sup>3</sup> and Hiroyuki Yanai<sup>4</sup>

Key words: cardiac sarcoma, FDG-PET/CT, Brockenbrough method

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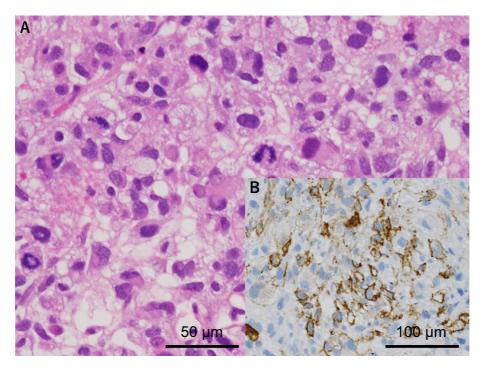


Picture 1.



Picture 2.

<sup>&</sup>lt;sup>1</sup>Postgraduate Clinical Training Center, Ehime Prefectural Central Hospital, Japan, <sup>2</sup>Department of Respirology, Ehime Prefectural Central Hospital, Japan, <sup>3</sup>Department of Oncology, Okayama University Hospital, Japan and <sup>4</sup>Department of Pathology, Okayama University Hospital, Japan Received: August 7, 2023; Accepted: September 24, 2023; Advance Publication by J-STAGE: November 6, 2023 Correspondence to Dr. Norihiko Nakanishi, c-nakanishi@eph.pref.ehime.jp



Picture 3.

A 60-year-old woman visited our hospital because of a cough and malaise. Chest radiography revealed pulmonary congestion predominantly in the right lung and right pleural effusion (Picture 1A). Contrast-enhanced computed tomography (CT) (Picture 1B) and cardiac echography (Picture 2) revealed a huge tumor in the left atrium (Picture 1B). Fluorodeoxyglucose-positron emission tomography (FDG-PET)/CT revealed an increased FDG accumulation in the tumor (Picture 1C, 1D). A tumor biopsy performed using the Brockenbrough method showed that the tumor consisted of spindle-shaped and polygonal cells with foamy or pale eosinophilic granular cytoplasm (Picture 3A; hematoxylin and eosin staining). The tumor cells were negative for desmin, HMB-45, S-100 protein, ERG, and cytokeratin AE1/AE3 and partially positive for  $\alpha$ -smooth muscle actin (Picture 3B) and c-kit. The patient was diagnosed with undifferentiated pleomorphic sarcoma and treated with carboplatin, paclitaxel, and concurrent radiation therapy. How-

ever, the patient died three months later. Primary cardiac pleomorphic sarcoma has a poor prognosis and requires multidisciplinary treatment (1, 2).

The authors state that they have no Conflict of Interest (COI).

## References

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