www.jcimcr.org

JCIMCR OPEN ACCESS Journal of Clinical Images and Medical Case Reports

ISSN 2766-7820

Clinical Image

Open Access, Volume 6

Treatment challenges in case of primary cardiac angiosarcoma presented with myocardial infarction

***Corresponding Author: Teona Abramishvili**
Department of Clinical and Translational Medicine, Tbilisi Institute of Medicine, Tbilisi Ivane Javakhishvili State University, Sulkhan Tsintsadze 16, Georgia.
Tel: +995599280725;
Email: teo2001_ge@yahoo.com

Received: Jun 12, 2025
Accepted: Jul 14, 2025
Published: Jul 21, 2025
Archived: www.jcimcr.org

DOI: www.doi.org/10.52768/2766-7820/3695

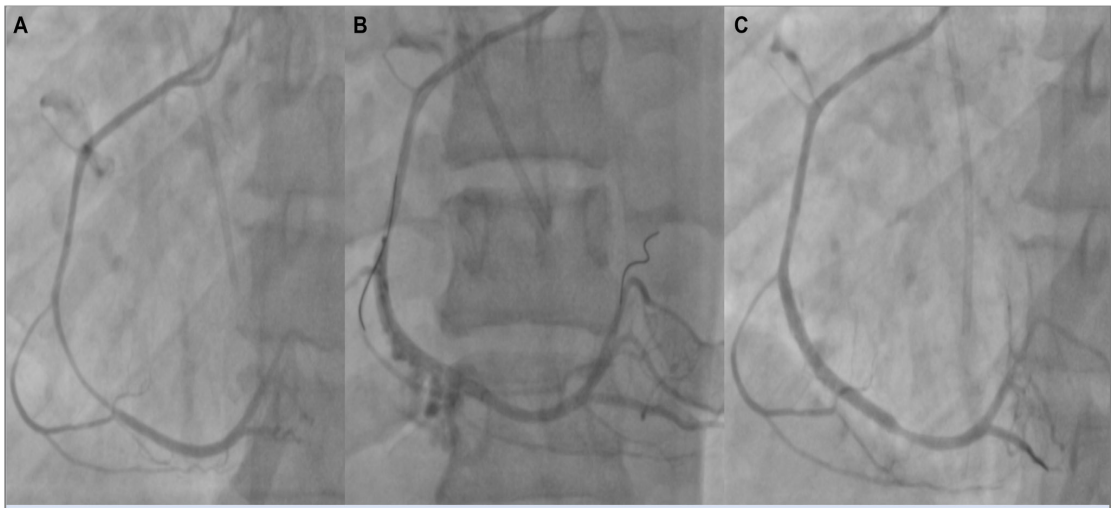

Figure 1: **(A)** Stenosis of distal RCA due to compression by angiosarcoma; **(B)** Perforation of RCA after balloon angioplasty; **(C)** RCA after 2.8 x 19 mm and 2.8 x 16 mm stent graft implantation.

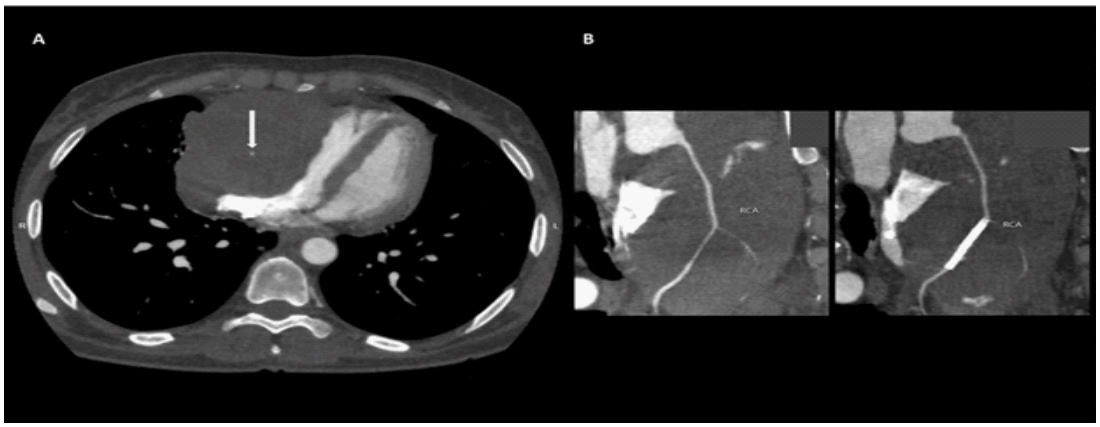

Figure 2: (A) Cardiac angiosarcoma infiltrates the right ventricular wall, involving the right coronary artery; **(B)** RCA before and after stent graft implantation.

Background

Primary Cardiac Angiosarcoma (PCA) is rare. Clinical signs are not specific.

Case

40 years old female was diagnosed of PCA with multiple metastasis, inoperable case. Palliatively treated with chemo and immunotherapy, later radiation therapy for metastasis. Was admitted to the hospital with chest pain. ecg- ST depression, -T (V3-V6), troponin elevated at the baseline. We perform CT scan (f1) first. According to her clinical status and long term perspectives, tried to treat NSTEMI conservatively.

Decision-making

Due to ongoing chest pain and troponin rise from baseline we have performed coronary angiography (f2).

Conclusion

Tumor induced obliteration of the coronary arteries in case of nonoperative masses is challenging for PCI, we think stent grafts has some superiority in this particular case.