International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 02 ISSUE 12 PAGES: 04-08
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893)
OCLC – 1121105677 METADATA IF – 5.654
Publisher: Oscar Publishing Services

Journal Website: https://theusajournals.com/index.php/ijmscr

Copyright: Original content from this work may be used under the terms of the creative commons attributes 4.0 licence.

Research Article

TUMORS OF THE LEFT VENTRICLE CLINICAL CASE

Submission Date: December 10, 2022, Accepted Date: December 15, 2022,
Published Date: December 20, 2022
Crossref doi: https://doi.org/10.37547/ijmscr/Volume02Issue12-02

Munira S. Mahmudova
Senior Lecturer Of The Department Internal Medicine №1 Tashkent Medical Academy, Uzbekistan

Surayyo M. Shukurdjanova
Associate Professor Of The Department Internal Medicine №1 Tashkent Medical Academy, Uzbekistan

Nigora B. Nuritdinova
Associate Professor Of The Department Internal Medicine №1 Tashkent Medical Academy, Uzbekistan

ABSTRACT

Heart tumors are rarely met in clinic practice. They are divided into benignant and malignant tumors. In this article is given the clinical case of patient, which had the diagnosis of Ischemic heart disease (IHD) postinfarction cardiosclerosis (PICS) during years due to the complaints of pain in the area of heart and locus changes in ECG. The echocardiogram showed up two tumors in the left ventricle of the heart.

KEYWORDS

Heart tumors, ECG, Echocardiogram, left ventricle, ischemic heart disease, postinfarction cardiosclerosis.

INTRODUCTION

Tumors of the heart are rare from 0,002 to 1,5% of all autopsies. They are divided into benign and malignant, primary and secondary. Primary cardiac tumors are rare pathology, according to G. Lamba et al. Annual incidence is 5 cases per million population aged 30–60 years [1]. Benign tumors account for 80% of primary neoplasms of the heart [2].

Primary most often are benign, single and multiple. The rarity of the development of heart tumors is explained

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 02 ISSUE 12 PAGES: 04-08
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893)
OCLC – 1121105677 METADATA IF – 5.654
Publisher: Oscar Publishing Services

by the peculiarities of myocardial metabolism, rapid blood flow inside the heart and limited lymphatic connections. Benign tumors: this myxoma, lipoma, papillary fibroelastoma, fibroma, rhabdomyoma, etc. Myxoma is more often diagnosed in the adult population, rhabdomyoma in children. Malignant tumors: sarcoma, lymphoma, mesothelioma, are characterized by rapid invasive growth and metastasis to other organs. Myxoma is the most common benign tumor (70%), spherical, hard, soft or gelatinous. It is more common in women aged 50-60 years. The neoplasm originates from subendocardial cells with anginoblastic proliferation and mucosal secretion. In 80% of cases, it is localized in the left atrium. High blood flow velocity prevents tumor growth in the ventricles. The clinical picture is very variable and depends on the nature of the tumor and its localization. The most common manifestations are heart failure, rhythm and conduction disturbances, fever, weight loss, polymyositis, increased ESR. These symptoms are described in both benign and malignant neoplasms of the heart. Diagnosis of the tumor is difficult, the most reliable diagnostic symptoms are the data of echocardiography and heart biopsy. Treatment is surgical removal of the tumor. Here is the case history № 898. Patient Kadyrov X, born in 1951, was admitted to the 1st cardiological department of TMA with a referral diagnosis: coronary artery disease Unstable angina pectoris. PICS 2007, 2009 yy. CHF II B.

Complaints at admission: palpitations, shortness of breath, weakness, weight loss.

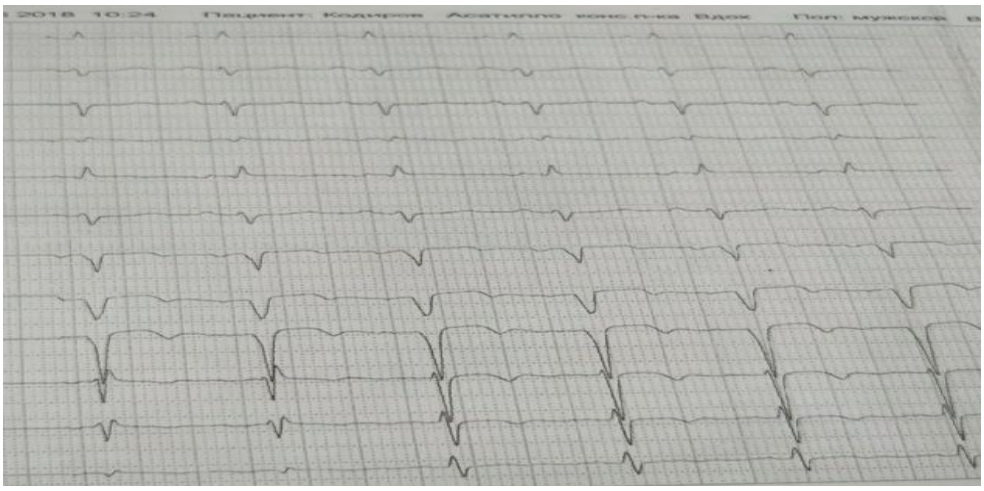
Anamnesis: In 2007, there was pain in the region of the heart. According to the patient, in 2007, 2008 he suffered a myocardial infarction. Repeatedly received inpatient and outpatient treatment for coronary artery disease Angina pectoris. PICS. The deterioration is associated with the appearance of paroxysmal shortness of breath and weakness, in connection with which he turned to the emergency department of the 1st TMA clinic and was hospitalized in cardioreanimation. History of peptic ulcer of the duodenum. Smoked for many years.

Objectively: Moderately severe condition, clear consciousness. The skin and visible mucous membranes are pale. Normostenik. Peripheral lymph nodes are not enlarged. There are no edema. The chest is symmetrical, cylindrical in shape. Breathing is free, 18 times per minute. Percussion clear lung sound. On auscultation, there was decreased vesicular breathing. Limits of relative dullness of the heart: increased to the left. Heart sounds are muffled. BP - 120/80 mm Hg. Heart rate 94 beats per minute. The tongue is coated with white. The liver is enlarged by 2 cm.

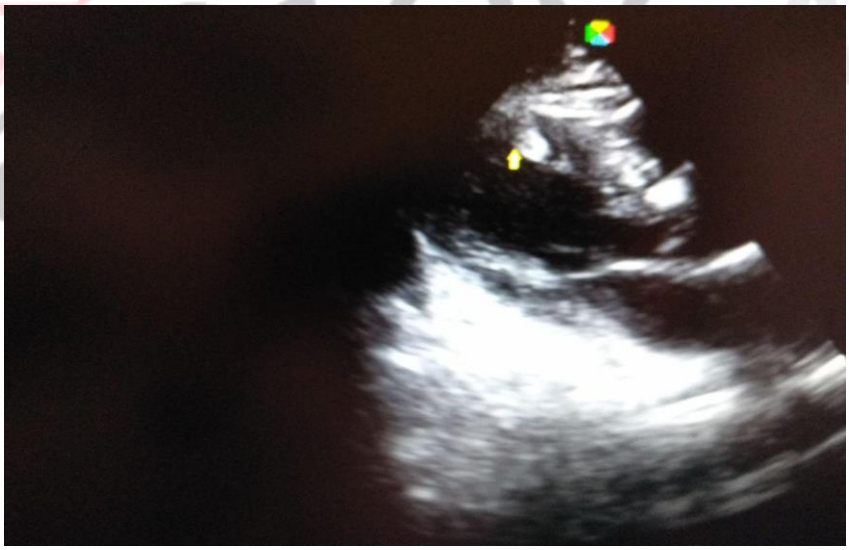
Laboratory and instrumental research. General blood analysis - anemia, General urine analysis without any special changes. ALT – 0,65 mmol / l, AST – 0,45 mmol / l; total bilirubin – 11,7 mmol / l, urea – 6,6 mmol / l; creatinine – 0,04 mmol/l; total protein -74,3 g/l. Coagulogram: hemotocrit -52%; fibrinogen - 477 mg%; standard test-neg.; thrombotest IV.

ECG. Moderate sinus tachycardia. Heart rate 95 bpm. Electrical axis of the heart is deflected to the left. QT 0,34 sec. Focal changes in the anterior-septal region and coronary insufficiency in the region of the apical and lateral wall of the left ventricle. Incomplete blockade of the anterior branch of the left leg of the Gis bundle.

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 02 ISSUE 12 PAGES: 04-08
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893)
OCLC – 1121105677 METADATA IF – 5.654
Publisher: Oscar Publishing Services



Echocardiography. EDS-4,5cm, EF-52,0%. LA 3,4 cm. Heart valves, aorta and PA with age-related changes. The walls of the left ventricle are compacted, dyskinetic in the type of asynchronous contraction. In the thickness of the myocardium of the left ventricle, closer to the apical region, an echo-positive formation measuring 1,4 x 0,9 cm with even contours, and in the region of the posterior wall of the left ventricle, measuring 2,2 x 1,2 cm. Doppler: no features. Conclusion: Tumors of the left ventricle. Diastolic dysfunction of the left ventricle.



Radiography: enlargement of the left ventricle .

Esophagogastroduodenoscopy (EGD): Peptic ulcer of the duodenum, in the acute stage.

Oncologist: Tumors of the left ventricle.

Consultation of an ophthalmologist: Cataract in both eyes.

Endocrinologist's consultation: no pathology.

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 02 ISSUE 12 PAGES: 04-08
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893)
OCLC – 1121105677 METADATA IF – 5.654
Publisher: Oscar Publishing Services

Treatment received: Bisoprolol 5 mg 1/2 tablet once a day. Omeprazole 20 mg 1 capsule 2 times a day. Veroshpiron 50 mg 1 r / s, enalapril 5 mg 2 r / day

Potassium chloride 4% -20.0 ml IV drip. FDP 5.0ml IV drip. Nitromic 0.1%-5.0 ml I/V drip. Furosemide 1% -2.0 ml in / in a stream.

During treatment, the patient's condition improved somewhat. He was referred for a consultation with a cardiac surgeon. He refused a biopsy. The diagnosis was made:

Primary: Tumors (two) of the left ventricle.

Concomitant: Peptic ulcer of the duodenum.

Complication: CHF II B. FC III (according to NYHA). Attacks of cardiac asthma. Incomplete blockade of the anterior branch of the left leg of the Giss bundle.

Based on the ECG data, the patient was diagnosed with IHD PICS for several years in the Jizzakh region. Focal ECG changes appeared in 2012 and persist to the present day. An echocardiogram performed in the clinic revealed two echopositive formations in the thickness of the left ventricle. Thus, ECG changes were associated with tumor invasion into the walls of the left ventricle. Tumors are primary, benign, since they last for many years and there are no changes in other internal organs, there is no increase in ESR. Benign tumors are more often myxomas, but they are localized in the atria in 82%, have a gelatinous part on the stem and are located subendocardially. Rhabdomyomas account for 20% of all benign heart tumors and are the most common neoplasm in children. Usually, rhabdomyomas are multiple, have intramural localization in the septum or wall of the left ventricle, and affect the conduction system of the heart. These heart tumors are often associated with tuberous sclerosis, adenomas of the sebaceous glands , good ¬quality kidney tumors. Fibromas of the heart are also mostly common in children. They can affect the valves and the conduction system of the heart, cause mechanical obstruction, mimicking valvular stenosis, the clinical picture of heart failure, hypertrophic -cardiomyopathy, constrictive pericarditis. Fibroids of the heart may be part of basal cell syndrome nevus (Gorlin 's syndrome).

Hemangiomas occur in 5-10% of all primary cardiac tumors. More often they do not cause clinical symptoms and are detected during a routine examination. Less often intramyocardial hemangiomas are accompanied by disturbances in atrioventricular conduction, and with germination ¬of the atrioventricular node, they can lead to sudden death. Lipomas of the heart can develop at any age. These are usually sessile-based tumors localized in the epicardium or endocardium. Cardiac lipoma is a rare primary tumor of the heart. With advances in diagnosis and treatment methods, more cases of cardiac lipoma are being reported, suggesting that a lesion previously considered classic may also show atypical findings. The various origins of lipomas in the heart are not described in detail. The sites of origin commonly described are 25% from the subpericardium, 25% from the myocardium, and 50% from the subendocardium. Although lipomatous hyperplasia usually occurs in the atrial septum, most intramyocardial lipomas originate in the left ventricular wall. Since the mechanism of cardiac lipoma formation is not yet fully understood, the origin of cardiac lipoma is determined by location and attachment [3]. It is generally assumed that most cardiac lipomas are silent, and only a small proportion of these lesions may show clinical symptoms depending on their location and size. Echocardiography has the incomparable advantages of

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 02 ISSUE 12 PAGES: 04-08
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893)
OCLC – 1121105677 METADATA IF – 5.654
Publisher: Oscar Publishing Services

affordability, ease of use and no radiation exposure and remains the method of choice for screening cardiac lesions [4]. Without a biopsy, it is not possible to make a morphological diagnosis. The peculiarity of the tumor in our patient is that there are two formations in the left ventricle, which for a long time were regarded as cicatricial changes according to the ECG data.

REFERENCES

1. Lamba G., Frishman W.H. Cardiac and pericardial tumors. Cardiol Rev,
2. 2012, vol. 20, № 5, pp. 237–252.
3. Namana V., Sarasam R., R. Balasubramanian R., Shani J. Left atrial
4. myxoma. QJM, 2016, vol. 109, № 9, pp. 623–624. doi: 10.1093/qjmed/
5. hcw106
6. Ismail I, Al- Khafaji K., Mutyala M. et al. Lipoma hearts. J Community Hosp Intern Med Perspective. 2015;5(5):28449. Published October 19, 2015. https://doi.org/10.3402/jchimp.v5.28449 .
7. Bradford J.H., Nomair A.M., Watts L.E. Lipoma of the left ventricle: echocardiographic and angiographic features. South Med J. 1980; 73 (5): 663 5. https://doi.org/10.1097/00007611-198005000-00034 .

OSCAR PUBLISHING SERVICES