



Recurrent syncope in a case of metastatic malignant melanoma – An unusual presentation of an uncommon disease

Necla Ozer*, Bunyamin Yavuz, Enver Atalar

Hacettepe University, Cardiology Department, Sıhhiye, Ankara, Turkey

Received 5 October 2005; received in revised form 8 November 2005; accepted 17 November 2005
Available online 27 December 2005

KEYWORDS

Syncope;
Melanoma;
Tumour

Abstract Cardiac tumours may be rare causes of syncope. Here we report a malignant melanoma that metastasized to the right atrium as an intracavitary mass that intermittently obstructed the tricuspid valve producing syncope episodes.
© 2005 Published by Elsevier Ltd on behalf of The European Society of Cardiology.

Intracardiac masses may cause syncope by inflow or outflow tract obstruction. Melanoma is the neoplasm with the greatest propensity for cardiac involvement with unpredictable behaviour. We report a case with syncope due to right ventricular inflow tract obstruction most likely caused by a metastatic melanoma.

Case report

A 64-year-old man with a malignant melanoma was admitted to the Cardiology Department because of multiple syncope episodes occurring after sudden standing. Physical examination was unremarkable. Transthoracic echocardiography showed a large echodense mass in the right atrium occupying

most of the chamber and prolapsing through tricuspid valve into the right ventricle (Figs. 1 and 2). There was a moderate degree of pericardial effusion. Left and right ventricular systolic functions were normal. Transesophageal echocardiography confirmed the transthoracic study. The patient did not accept surgical treatment and medical treatment (chemotherapy) was initiated.

Discussion

Metastases of malignant tumours in the heart are rare causes of syncope. Malignant melanoma in particular has a propensity to involve the heart.

All cardiac chambers can be involved but most commonly the right atrium is involved. In the literature there are 3 cases of syncope due to malignant melanoma.^{1–3} In one case syncope resulted from ventricular tachycardia and in another

* Corresponding author. Tel.: +90 3123051780; fax: +90 3123114058.

E-mail address: neclaozer@hotmail.com (N. Ozer).

