



Cardiac Tumours and Transplants

Sept 2014

Cardiac Tumours

Rare. 95% secondary. Most primary tumours benign.

Types

Primary – Myxoma, rhabdomyoma, fibroelastoma, fibroma, teratoma, angioarcoma

Secondary – From melanoma, lung, breast, rarely lymphoma

Cardiac Myxomas (50%)

75% L atrium

5% due to Carney complex (Autosomal dominant, multiple neoplasia syndrome - Schwannomas; pituitary, thyroid, testicular, bone, ovarian, or breast tumours; cutaneous pigmentation & myxomas)

May be pedunculated and cause syncope/sudden death via flow obstruction.

Positional murmur, AF, mid-systolic thud, occasionally clubbed.

Mx: Resect.

Rhabdomyomas (20%)

Majority in children & especially infants.

Most commonly in ventricles.

Others

Fibroelastoma, Fibromas, Teratomas, Angioarcomas

Cardiac Transplantation

25% are infants (most have complex CHD)

Indications

Life expectancy < 1yr

NYHA class III or IV

Contraindications

Serious underlying disease, Pulmonary HT, Cerebral or peripheral vascular. disease, Active PUD, DM, COPD, Vasculitides, Current infection

Immunosuppression

Tacrolimus, ciclosporin, azathioprine, prednisolone

Complications

Infection – most often bacterial. Also CMV, Candida, HSV

Acute rejection – cell mediated

Chronic rejection

Renal impairment

Hyperlipidaemia

Malignancy in 20% - skin, lymphoma

Ischaemic is silent

Lack of response to vagal manoeuvres, atropine, digitalis due to denervation.

Highly responsive to adenosine → bradycardia (use aminophylline - adenosine antagonist)