ACC.15
TCT@ACC-i2 | innovation in intervention

A650
JACC March 17, 2015
Volume 65, Issue 10S

FIT Clinical Decision Making

DYSPNEA IN A YOUNG PATIENT WITH CARCINOID HEART DISEASE

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Structural Heart Disease and Pulmonary Hypertension
Abstract Category: Valvular Heart Disease
Presentation Number: 1142-156

Authors: *Ahmed Mahmoud, Arwa Saidi, C. Richard Conti, University of Florida, Gainesville, FL, USA*

Background: Carcinoid tumors are rare, with an incidence of 1 in 100,000 of the general population. Carcinoid heart disease can be the initial presentation of carcinoid tumors in up to 20-50% of the cases.

Case: A 25-year-old woman presenting to our outpatient cardiology clinic with a 4-year history of progressive shortness of breath. Physical examination was significant for an ejection systolic murmur, heard best at the left upper sternal border grade 3/6, radiating to the back, with a pan-systolic 3/6 murmur at left lower sternal border that increases with inspiration, and a faint rumbling diastolic murmur heard at the left lower sternal border, lung examination was significant for wheezes and abdominal examination revealed hepatomegaly.

Decision Making: A trans-thoracic echocardiogram (ECHO) revealed mild right ventricular hypertrophy, with a normal function, a thickened tricuspid valve with restricted leaflet motion, severe tricuspid regurgitation and evidence of a thickened pulmonary valve (mean gradient 35mmHg). A cardiac MRI confirmed these finding. A CT scan showed evidence of a larger liver with multiple hyper-vascular lesions, with similar lesions in the mesentery and small bowel, suggestive of a metastatic tumor. Twenty-four hour urine for 5-Hydroxyindoleacetic acid came back positive and liver biopsy revealed a neuro-endocrine tumor. At a multidisciplinary tumor board, the decision was to treat the patient medically with octreotide and chemotherapy (capecitabine and temozolanide) and to repeat the ECHO every 3-6 months for assessment of the valve disease progression.

Conclusion: Carcinoid heart disease should be considered in the differential diagnosis of right-sided valve lesions. Dyspnea due to carcinoid syndrome is multifactorial and caused early by bronchospasm from the release of vaso-active amines.