

# Huge right ventricular mass revealing a testicular nonseminomatous germ cell tumor

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**Background:** Cardiac intracavitary metastases from a testicular cancer are very unusual, and intra-cardiac metastasis is exceptionally the first expression of a noncardiac primary neoplasm. We report a case of a young patient for whom a cardiac symptom led to the diagnosis of a metastatic testicular cancer.

**Case presentation:** Our presentation describes an unusual case of a 32 years-old male patient admitted for dyspnea, in whom full examination and tests led to the diagnosis of a huge right ventricular mass revealing a testicular malignant teratoma. As the mass was huge and obstructing the root of pulmonary artery, we had decided to opt for surgical treatment in order to remove the obstruction of the pulmonary trunk. Subsequently, the patient has received systemic adjuvant chemotherapy.

**Conclusions:** Here, we describe the world's first reported case of intraventricular metastasis from a nonseminomatous germ cell tumor of the testis which occupies almost all the right ventricular volume and extending to the root of pulmonary artery that underwent surgical resection of the ventricular mass before chemotherapy.

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**Keywords:** Intra-cardiac metastases, Nonseminomatous germ-cell tumor of the testis, Chirurgical treatment, Palliative treatment

## Introduction

Cardiac intracavitary metastases are very uncommon. We report the case of a 32-year-old male patient who was suffering from dyspnea. Results of transthoracic echocardiography

(TTE) and computed tomography revealed a large intraventricular mass and a mass in the left testicle, with a heterogeneous aspect and multiple calcifications. The patient underwent a left inguinal orchidectomy and a resection of the ventricular tumor with tricuspid valvuloplasty. The anatomicopathological study revealed a malignant mixed

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germ cell tumor (GCT) with a secondary localization in the right ventricle. Afterward, the patient received systemic adjuvant chemotherapy.

### Case report

A 32-year-old man with no medical history who was suffering from rapidly progressive dyspnea associated with incoercible vomiting pre-

sented to our institution. Results of his cardiovascular and pulmonary physical examination were normal. TTE revealed a huge right ventricular mass occupying all the ventricular volume (Fig. 1A). While reexamining the patient, we detected a left scrotal mass that was hard and painless. The scrotal ultrasound confirmed the left testicular mass with a normal-appearing right testis. Computed tomography

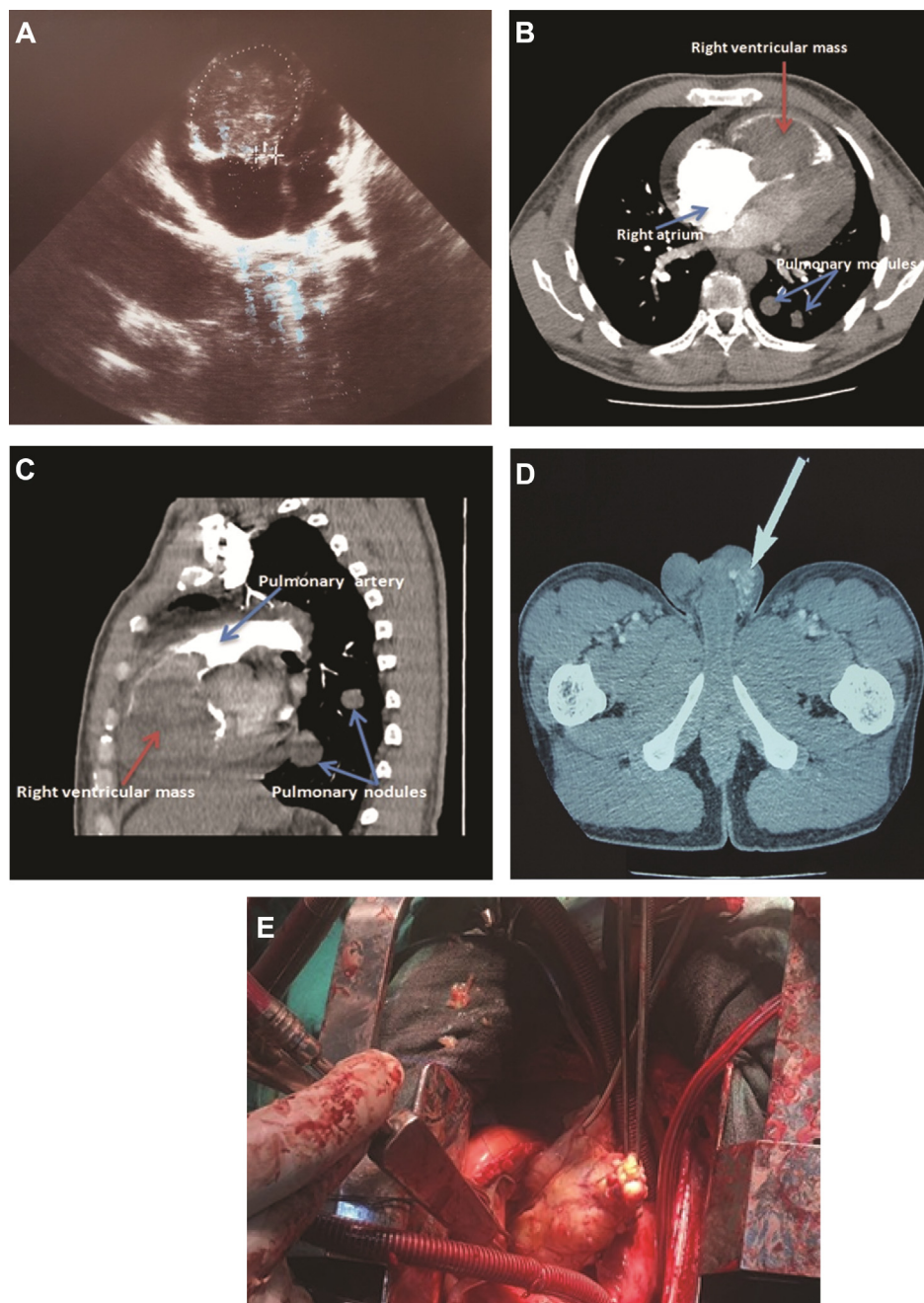


Figure 1. (A) Transthoracic echocardiography revealing a huge right ventricular mass occupying almost all the ventricular volume. (B and C) Chest computed tomography showing the presence of the solid mass that extending to the root of pulmonary artery with multiple pulmonary nodules. (D) Testis computed tomography showing a heterogeneous aspect with multiple classifications of left testicle. (E) Surgical view of the right ventricular mass.

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