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Clinical Image
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STEMI in the Setting of a Metastatic Thymic Carcinoma: Internal or External Threat?

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Clinical Image

A 70-year-old man, with cardiovascular risk factors (smoking, dyslipidemia, obesity) and a T4N2M1 thymic carcinoma with pleural and pericardial extension treated by chemotherapy (cisplatin + etoposide) and radiotherapy, was referred to our institution for an infero-lateral STEMI.

The coronary angiography revealed significant stenosis of distal left main, proximal Circumflex (Cx) and left anterior descending arteries and an acute occlusion of the mid-Cx that was recanalized with difficulty with a stent (Figures $1A_1$-$1A_3$).

ACT scan was performed the following day and depicted a fibrous extensive mediastinal tumor invading pericardium and compressing the left atrial roof. The carcinoma sheathed the left coronary artery proximal segments suggesting that external Cx compression caused the STEMI (Figures 1B-1D).

Therefore, we considered medical therapy of the remaining stenosis. He was proposed for pembrolizumab immunotherapy protocol. The patient has been followed-up for 18 months and didn't experience any recurrent ischemic nor bleeding events. Control CT scans revealed tumor stability (Figure 1E).

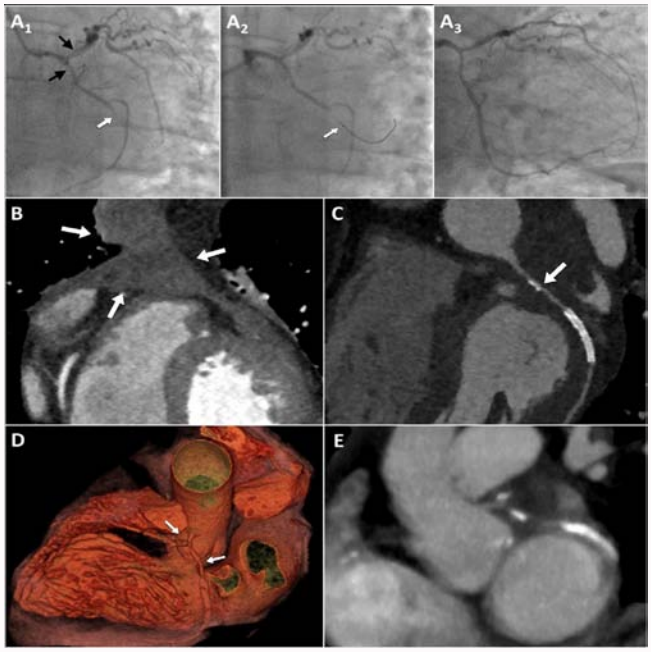

Figure 1: A_1-A_3: Initial coronary angiography showing the initial Mid-Cx occlusion (A1: white arrow) and proximal LAD and Cx stenosis (A1: black arrows). The culprit lesion was crossed with a Fielder XT hydrophilic wire and micro-catheter support (A2: white arrow) leading to the implantation of a biolimus eluting stent (A3)
B-D: Initial EKG-gated CT scan was performed 24 h after the STEMI treatment and showed infiltrative mediastinal tumor invading the pericardial space and left atrium roof (B: white arrows). 2D reconstructions showed the proximal Cx artery engulfed within the carcinoma (C: white arrow), whereas the stented section was patent. 3D reconstructions showed comparable findings (D: white arrows).
E: 12 months non-EKG gated CT scan showed tumor stability under immunotherapy.

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