



MTB SELNET NOVEMBER 21, 2024

Coordinate team

- Dr. Dorian García Ortega - Surgical Oncologist
- Dr. Haydee Caro Sánchez - Oncology Pathologist
- Dr. Gabriela Alamilla García - Medical Oncologist



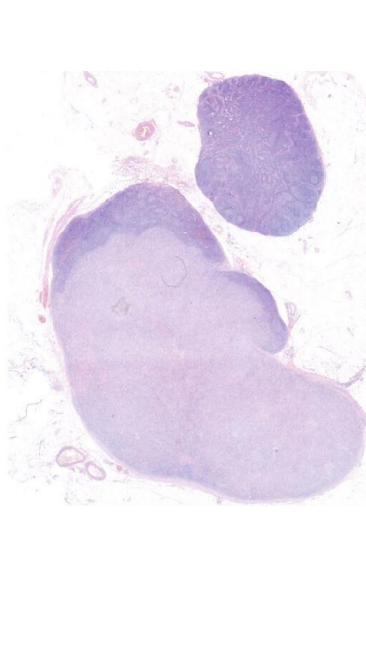
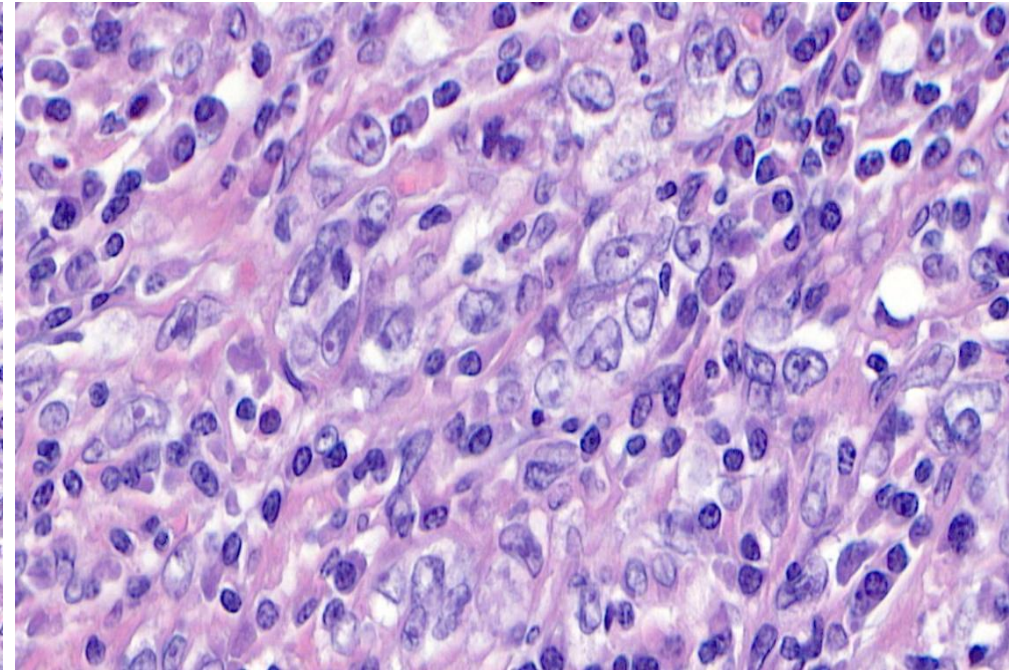
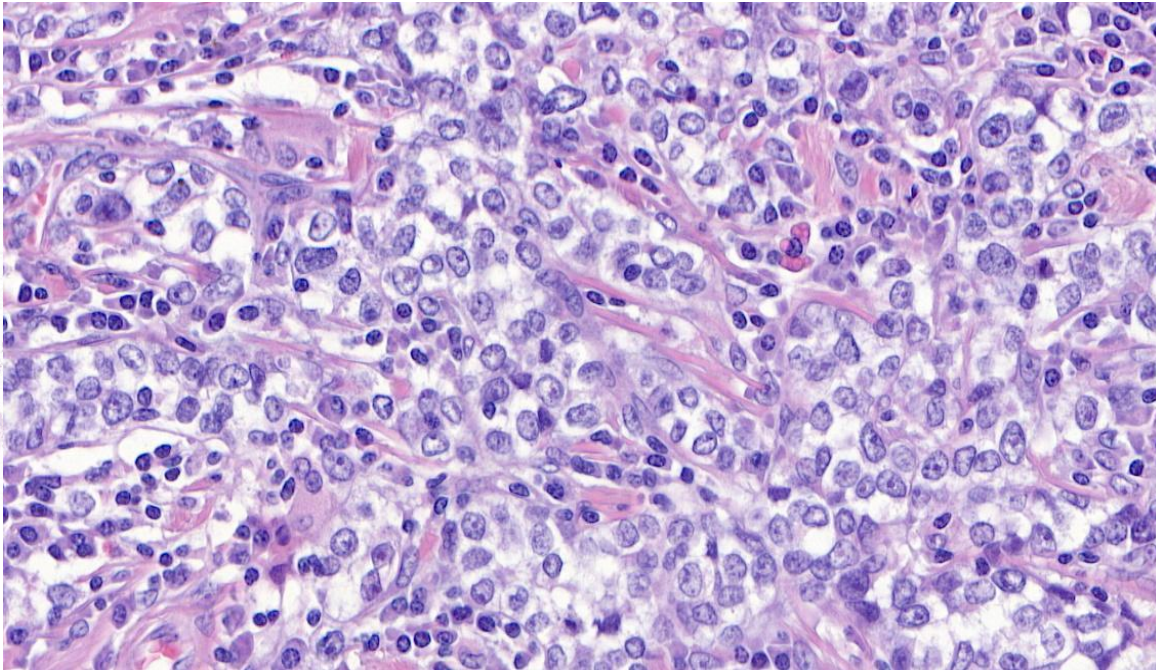
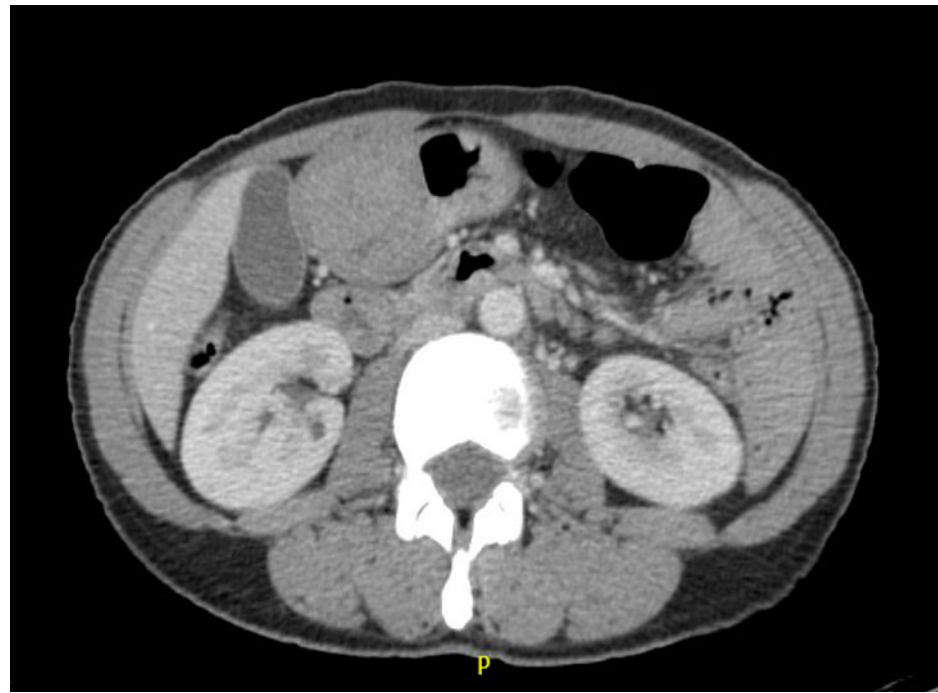
FUNDACIÓN
INSTITUTO VALENCIANO
DE ONCOLOGÍA

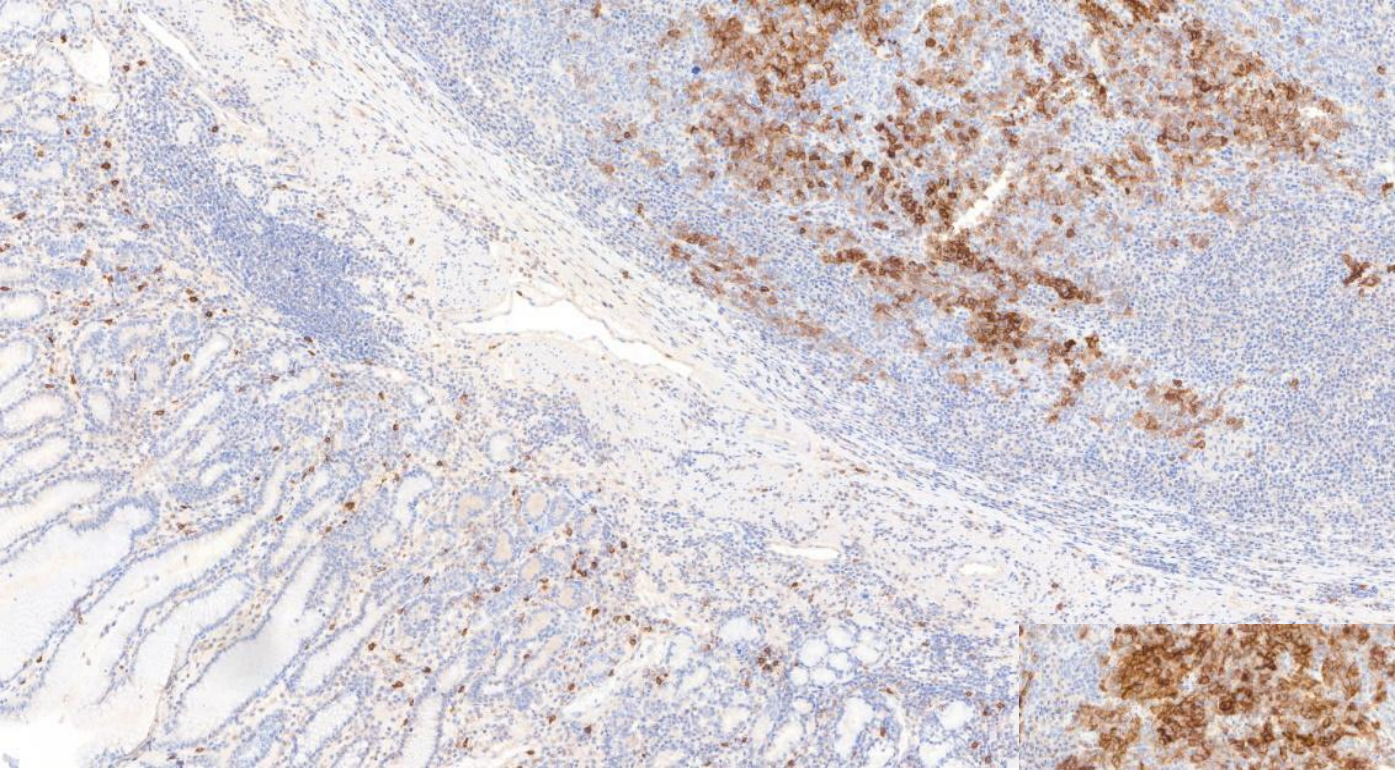
CASE 1

Dr. Isidro Machado

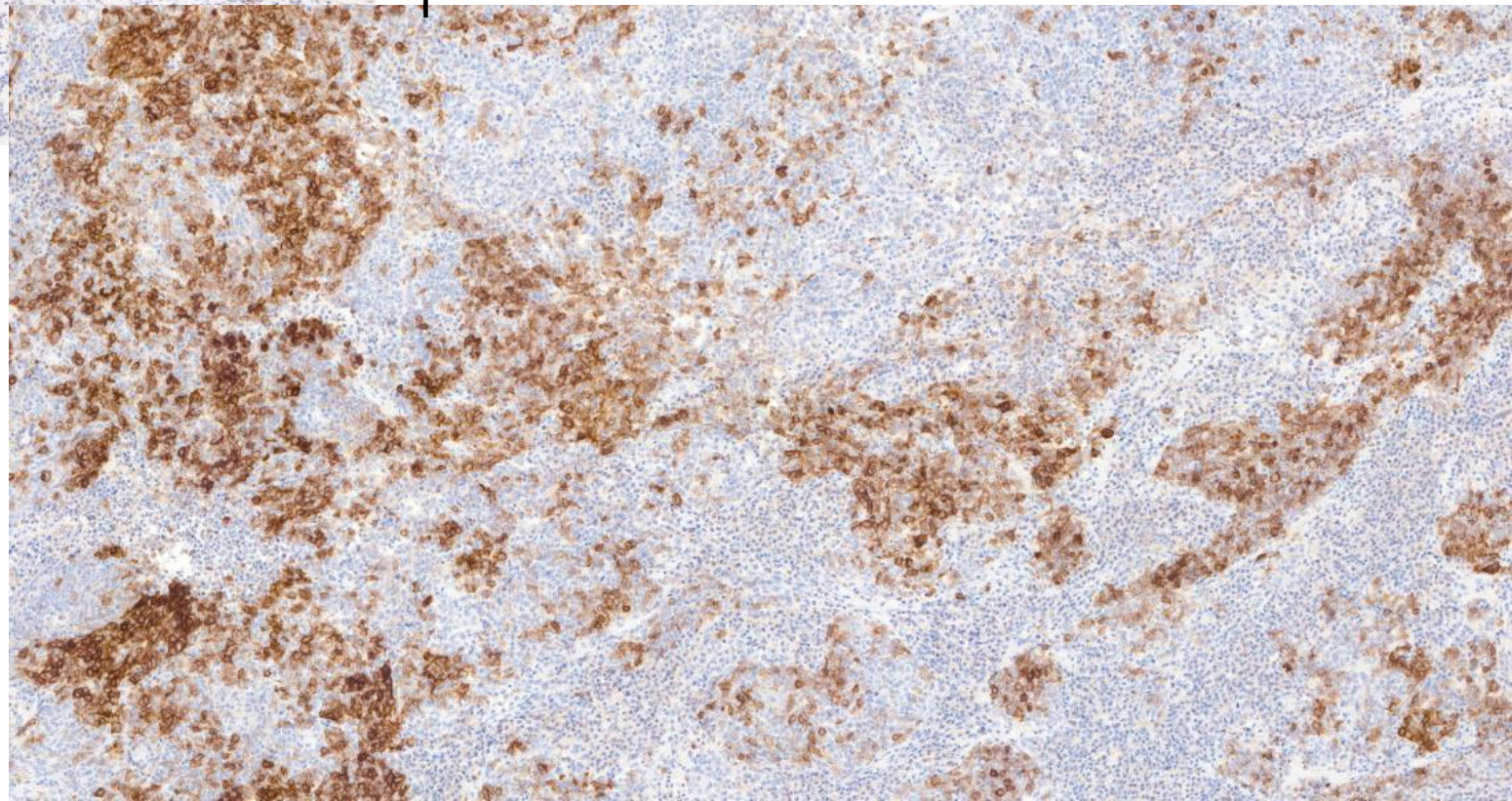
SELNET Session November
IVO. Isidro Machado, Reyes Claramunt, Hector
Aguilar

76 y/o/w abdominal pain and
gastric mass. Endoscopic biopsy:
Undifferentiated round cell
tumor/sarcoma vs carcinoma vs
GIST

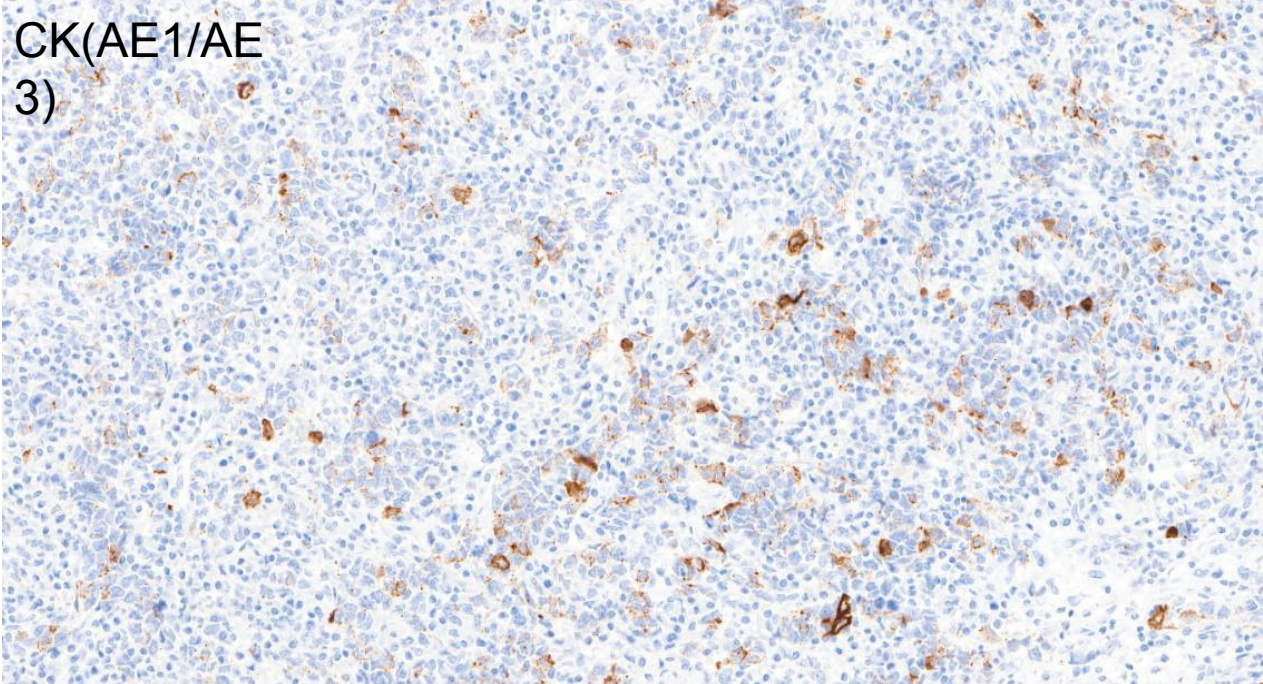




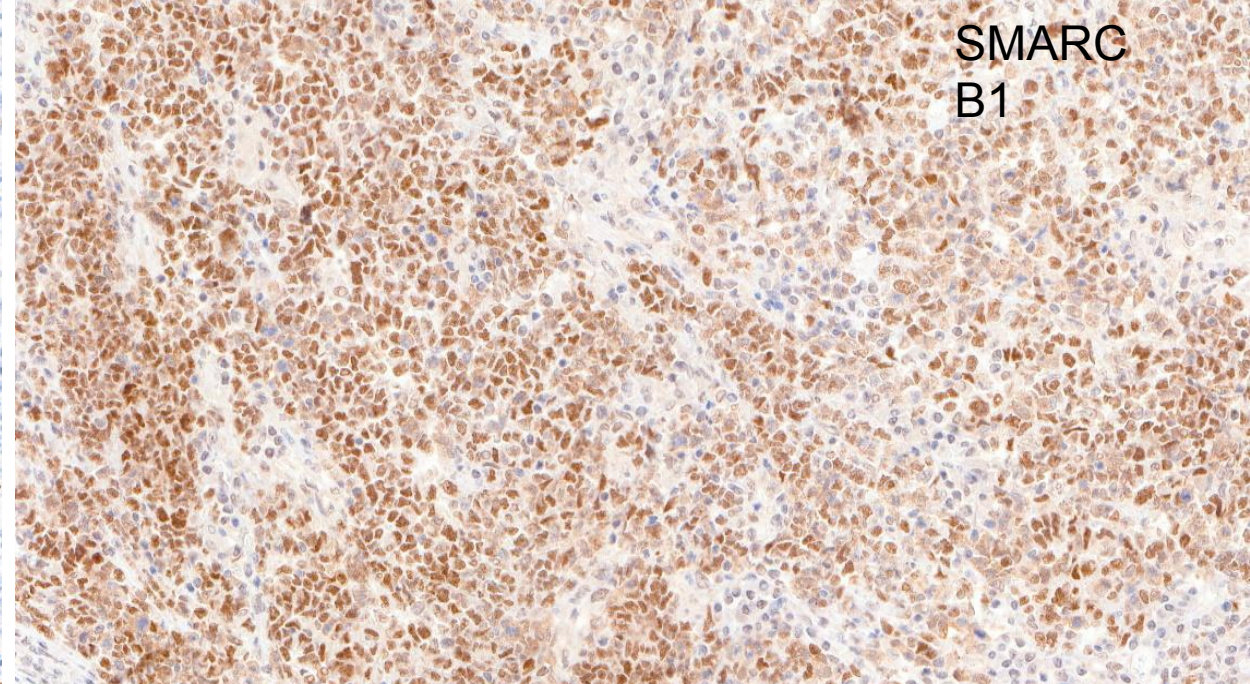
CKI
T



CK(AE1/AE3)



SMARCB1



IHC positive: panCK (focal), CKIT, INI1, SALL4, SDHB

IHC negative: DOG1, CD99, CD45, S100, MPO, SMA, CD34, PAX5, NKX2.2, ERG, TTF1, PAX8, CD1a, Desmin, Myog, MyoD1, ALK, EMA, p16, MDM2, BCOR, SYT, Synapto, CD56, Chrom, CD21, CD35, p40, GATA3, CK7, CK5/6, HMB45, Melan-A

OncoPrint panel: negative

Archer fusion panel: no fusion

Hotspot genes				Full-length genes			Copy number genes		Gene fusions (inter- and intragenic)				
AKT1	ESR1	KIT	PDGFRB	ARID1A	FBXW7	PTEN	AKT1	FGFR4	AKT2	FGFR2	NUTM1		
AKT2	EZH2	KNSTRN	PIK3CB	ATM	MLH1	RAD50	AKT2	FLT3	ALK	FGFR3	PDGFRA		
AKT3	FGFR1	KRAS	PIK3CA	ATR	MRE11	RAD51	AKT3	IGF1R	AR	FGFR	PDGFRB		
ALK	FGFR2	MAGOH	PPP2R1A	ATRX	MSH6	RAD51B	ALK	KIT	AXL	FLT3	PIK3CA		
AR	FGFR3	MAP2K1	PTPN11	BAP1	MSH2	RAD51C	AXL	KRAS	BRAF	JAK2	PRKACA		
ARAF	FGFR4	MAP2K2		BRCA1	NBN	RAD51D	AR	MDM2	BRAF	KRAS	PRKACB		
AXL	FLT3	MAP2K4		BRCA2	NF1	RNF43	BRAF	MDM4	BRAF	MDM4	PTEN		
BRAF	FOXL2	MAPK1		CDK12	NF2	RB1	CCND1	MET	CDKN2A	MET	PPARG		
BTK	GATA2	MAX		CDKN1B	NOTCH1	SETD2	CCND2	MYC	EGFR	MYB	RAD51B		
CBL	GNA11	MDM4		CDKN2A	NOTCH2	SLX4	CCND3	MYCL	ERBB2	MYBL1	RAF1		
CCND1	GNAQ	MED12		CDKN2B	NOTCH3	SMARCA4	CCNE1	MYCN	ERBB4	NF1	RB1		
CDK4	GNAS	MET		CHEK1	PALB2	SMARCB1	CDK2	NTRK1	ERG	NOTCH1	RET		
CDK6	H3F3A	MTOR		CREBBP	PIK3R1	STK11	CDK4	NTRK2	ESR1	NOTCH4	RET		
CHEK2	HIST1H3B	MYC		FANCA	PMS2	TP53	CDK6	NTRK3	ETV1	NRG1	ROS1		
CSF1R	HNF1A	MYCN		FANCD2	POLE	TSC1	EGFR	PDGFRA	ETV4	NTRK1	RSPO2		
CTNNB1	HRAS	MYD88		FANCI	PTCH1	TSC2	ETV5	PDGFRB	ETV5	NTRK2	RSPO3		
DDR2	IDH1	NFE2L2					ESR1	PIK3CB	FGFR1	NTRK3	TERT		
EGFR	IDH2	NRAS					FGF19	PIK3CA					
ERBB2	JAK1	NTRK1					FGF3	PPARG					
ERBB3	JAK2	NTRK2					FGFR1	RICTOR					
ERBB4	JAK3	NTRK3					FGFR2	TERT					
ERCC2	KDR	PDGFRA					FGFR3						

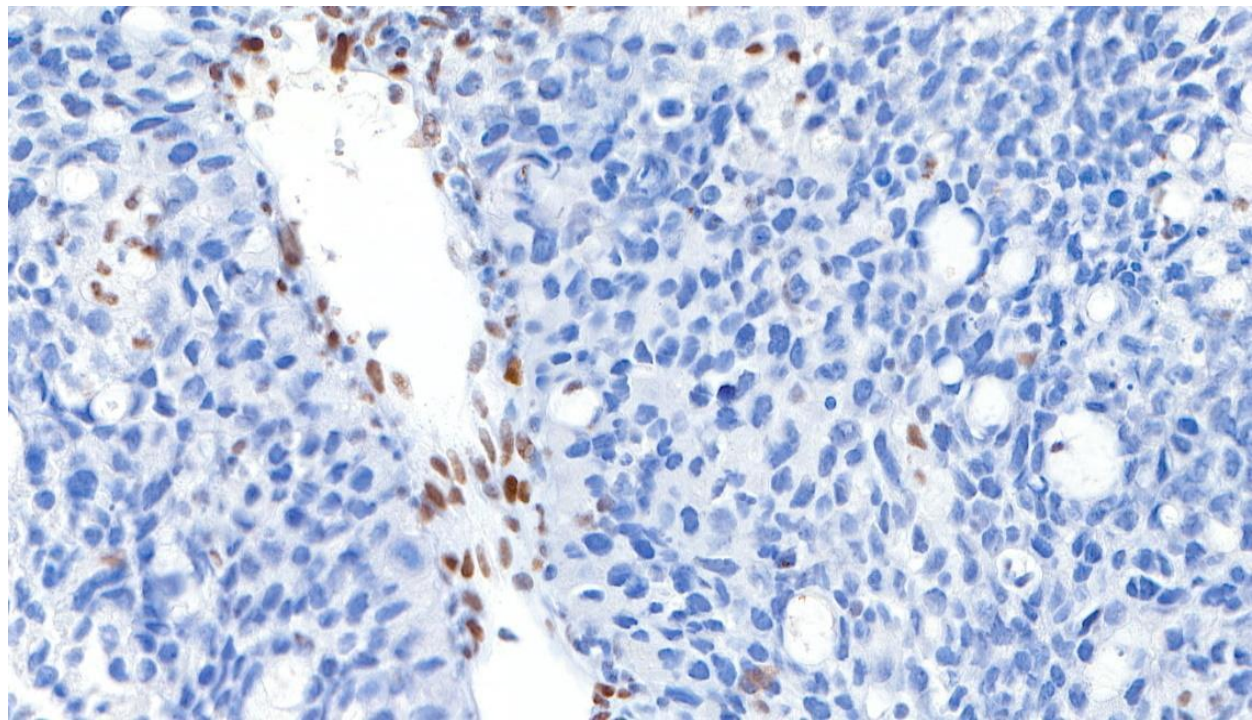
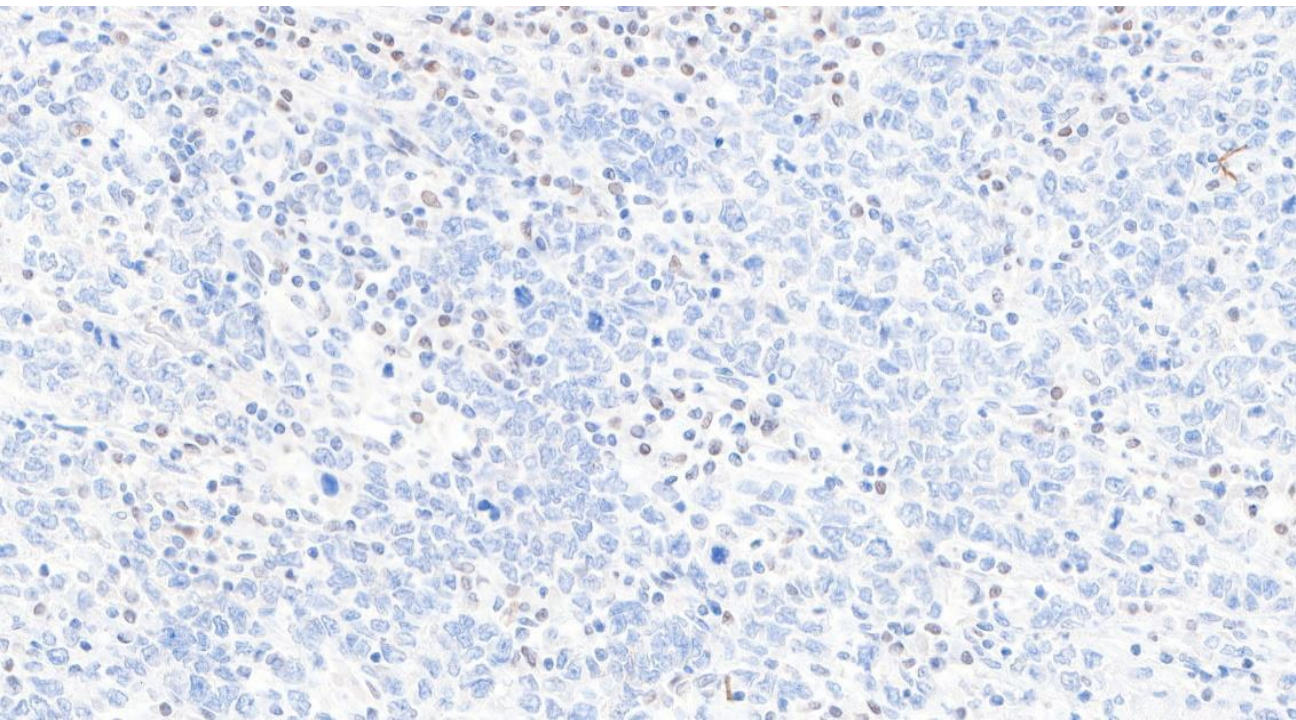
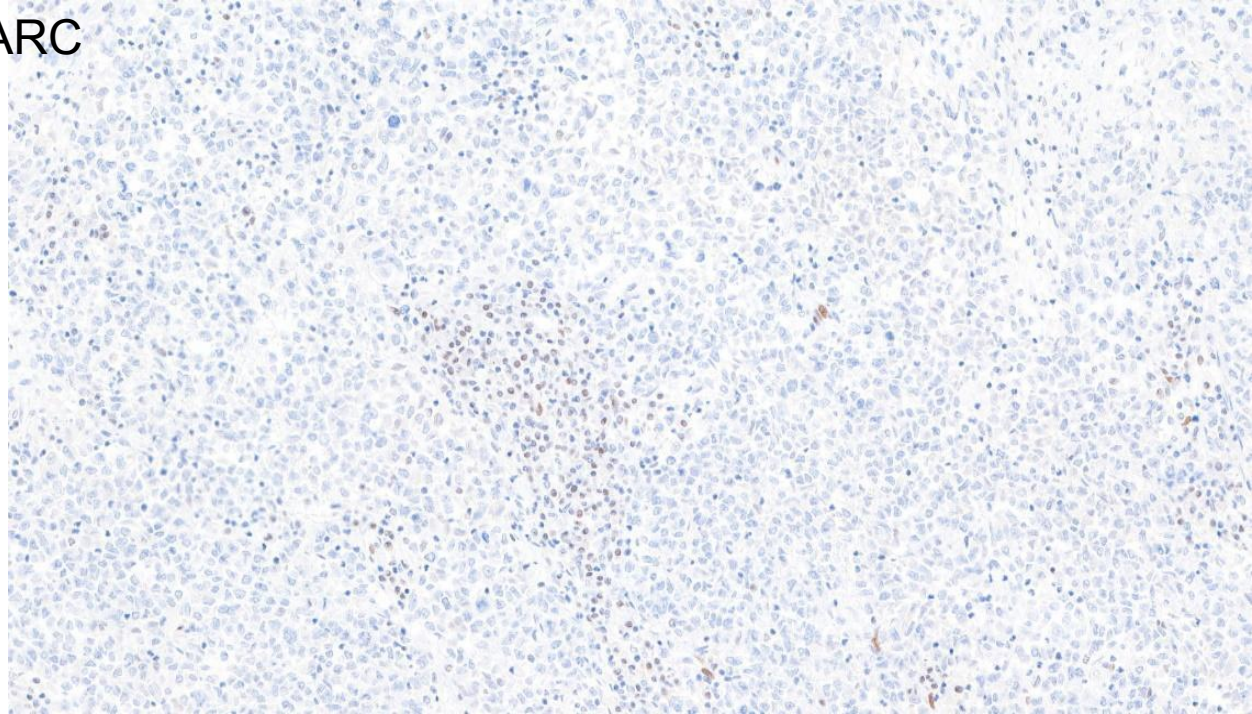
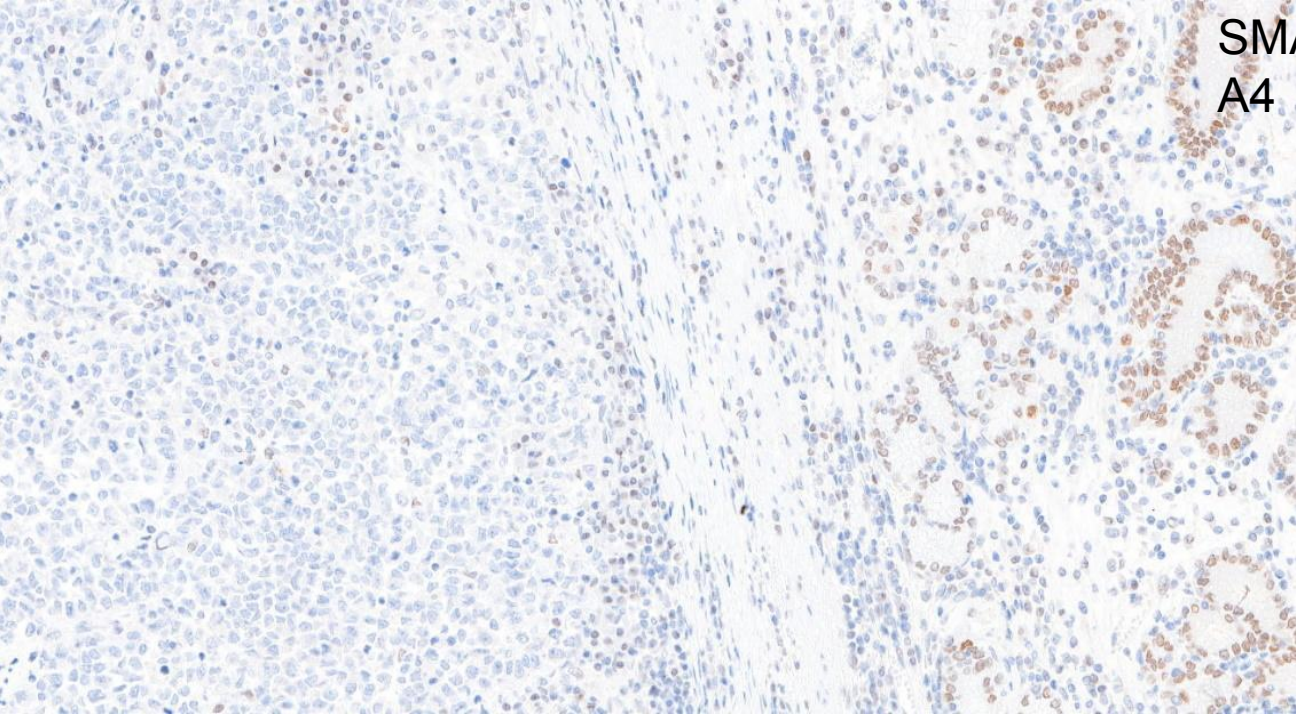
ALK	BCOR	BRAF	CAMTA1	CCNB3	CIC	CSF1	CTNNB1
EGFR	EPC1	ERG	ESR1	ETV1	ETV4	ETV5	ETV6
EWSR1	FGFR1	FGFR2	FGFR3	FOS	FOSB	FOXO1	FUS
GLI1	HMGA2	JAZF1	MBTD1	MDM2	MEAF6	MET	MGEA5
MKL2	MYOD1	NCOA1	NCOA2	NCOA3	NR4A3	NTRK1	NTRK2
NTRK3	NUTM1	PAX3	PDGEB	PDGFRA	PHF1	PLAG1	PRKCA
PRKCB	PRKCD	RAF1	RET	ROS1	SS18	STAT6	TAF15
TCF12	TFE3	TFG	USP6	VGLL2	YAP1	YWHAE	

LEGEND

◆ SNV/Indel
● Fusion, splicing or exon-skipping

List of gene targets in the OncoPrint Comprehensive Assay v3.

SMARCB1
A4



Clinicopathological and molecular characterization of SMARCA4-deficient thoracic sarcomas with comparison to potentially related entities

Akihiko Yoshida^{1,2}, Eisuke Kobayashi^{2,3}, Takashi Kubo⁴, Makoto Kodaira^{2,5,12}, Toru Motoi⁶, Noriko Motoi¹, Kan Yonemori^{2,5}, Yuichiro Ohe⁷, Shun-ichi Watanabe⁸, Akira Kawai^{2,3}, Takashi Kohno⁹, Hiroshi Kishimoto¹⁰, Hitoshi Ichikawa^{4,11} and Nobuyoshi Hiraoka¹

Table 2 Immunohistochemical and molecular results of SMARCA4-deficient thoracic sarcomas

Cases	SMARCA4 IHC	SMARCA2 IHC	AE1/AE3 IHC	CD34 IHC	SOX2 IHC	SALL4 IHC	p53 IHC	Claudin-4 IHC	SMARCA4 mutation	Other genetic alterations ^a
1	Lost	Lost	3+ (m)	2+ (s)	3+ (s)	3+ (s)	Pos	0	1658del19 (L553fs)	MAP3K1, RET, NTRK3, TP53, NF1
2	Lost	Lost	0 ^b	3+ (s)	3+ (s)	1+ (w)	Neg	0	NA	NA
3	Reduced	Lost	0 ^b	2+ (s)	2+ (s)	2+ (w)	Neg	0	NA	NA
4	Lost	Lost	1+ (m)	1+ (m)	3+ (m)	0	Pos	NA	NA	NA ^c
5	Reduced	Lost	0	2+ (s)	3+ (s)	3+ (s)	NA	NA	NA	NA
6	Lost	Retained	3+ (s)	0	0	0	Pos	0	C3034T (Q1012X)	CDKN2A, CREBBP, TP53, NF1, EP300
7	Reduced	Lost	0 ^b	3+ (s)	3+ (s)	2+ (s)	Neg	NA	NA	NA ^c
8	Lost	Lost	1+ (s)	3+ (s)	3+ (s)	3+ (s)	NA	NA	NA	NA ^c
9	Lost	Lost	1+ (s)	0	3+ (s)	3+ (s)	Pos	0	NA	NA
10	Reduced	Lost	0 ^b	3+ (s)	3+ (s)	3+ (s)	Pos	0	2396delA (H799fs)	TP53, KEAP1
11	Lost	Lost	0	1+ (s)	0 ^b	2+ (s)	Pos	0	G2098T (E700X)	ARID1A, PTCH1, TP53
12	Lost	Lost	3+ (s)	1+ (s)	3+ (s)	1+ (s)	Pos	0	1629delC (D543fs)	CDKN2A, KRAS, TP53, MYC (amp)

Abbreviations: amp, amplification; IHC, immunohistochemistry; m, moderate; NA, data not available; neg, negative; pos, positive; s, strong; w, weak.
^aOnly known, registered, or truncated mutations are listed; refer to Supplementary Table 5 for the full list of the detected mutation variants.
^bStaining in < 1% of cells.
^cComplex karyotypes by conventional cytogenetics.



Review

Treatment of Thoracic SMARCA4-Deficient Undifferentiated Tumors: Where We Are and Where We Will Go

Vito Longo ^{1,*}, Annamaria Catino ¹, Michele Montrone ¹, Elisabetta Sara Montagna ¹, Francesco Pesola ¹, Ilaria Marech ¹, Pamela Pizzutilo ¹, Annalisa Nardone ², Antonella Perrone ¹, Monica Gesualdo ¹ and Domenico Galetta ¹

Treatment:

- Surgery
- Chemotherapy
- Radiotherapy
- Immunotherapy

High rate of recurrence; useful only for stage I.
 Weak response.
 Resistance.
 Promising efficacy

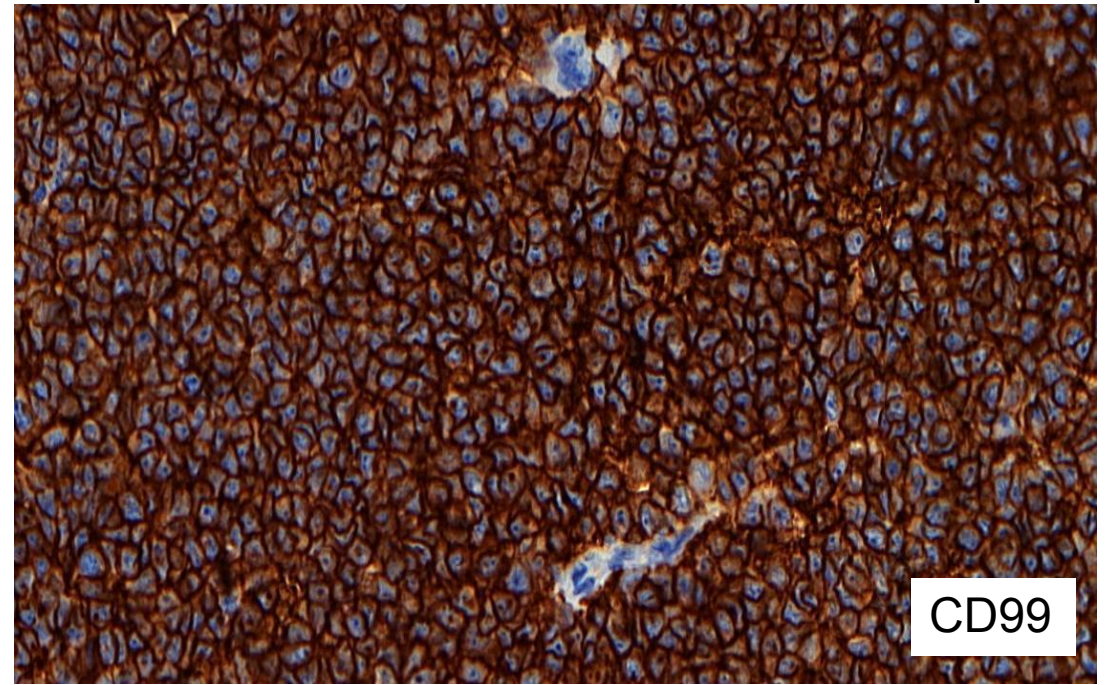
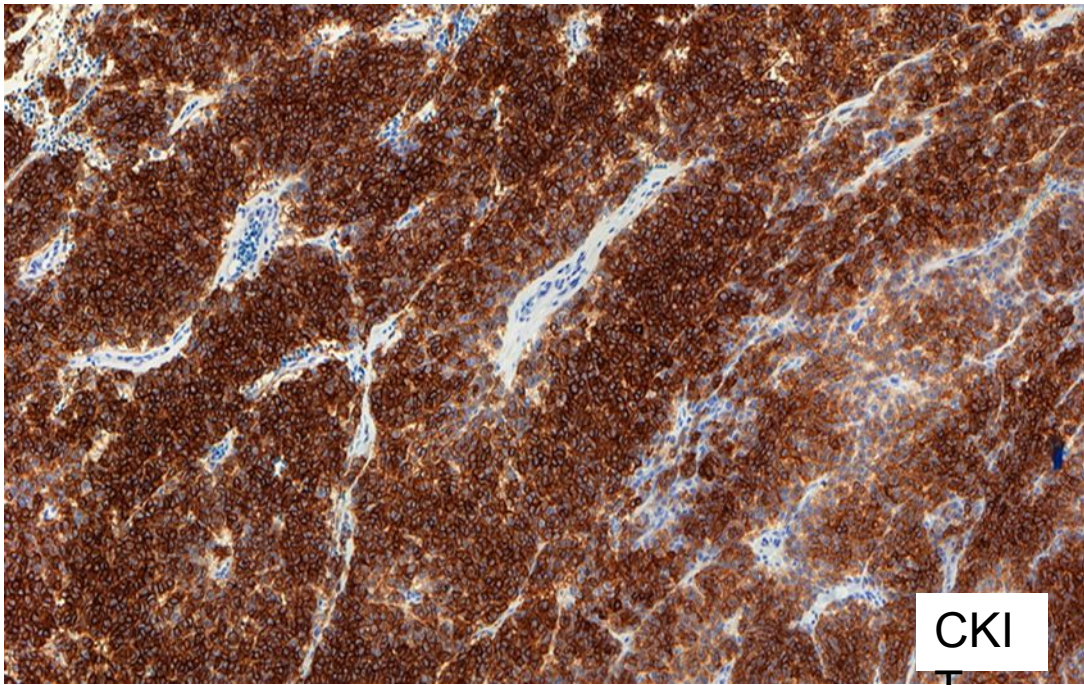
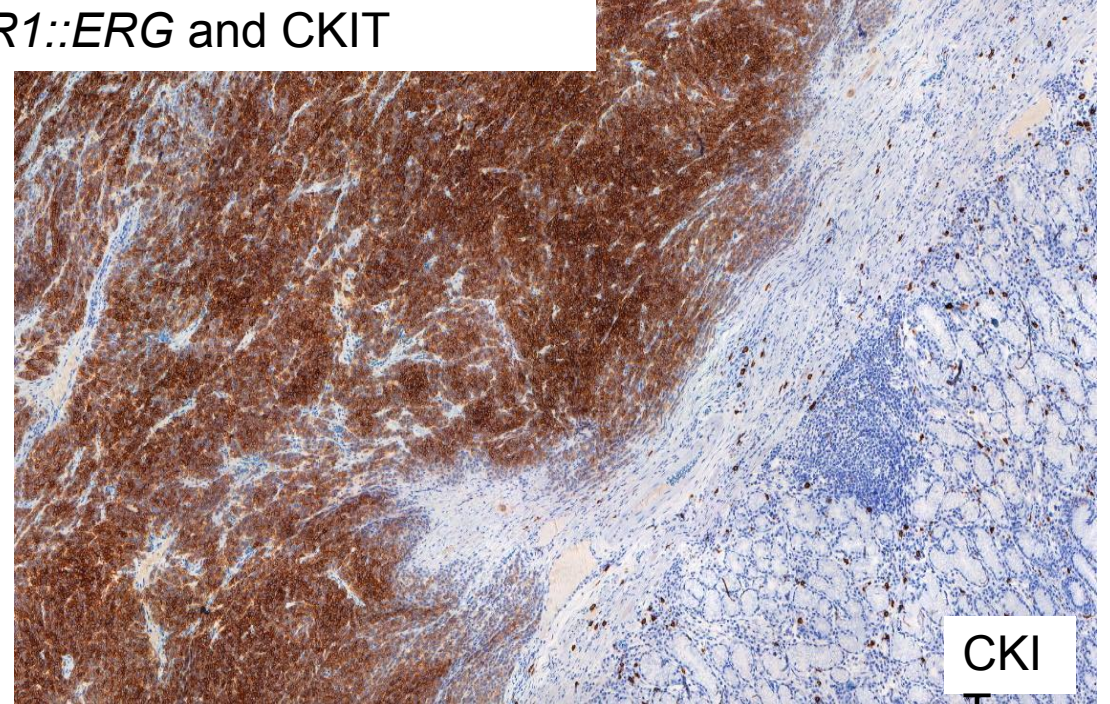
[4–9,56,60,62,63]

Review > Histopathology. 2024 Jan;84(1):86–101. doi: 10.1111/his.15063. Epub 2023 Oct 24.

NUT carcinoma and thoracic SMARCA4-deficient undifferentiated tumour: facts and controversies

Akihiko Yoshida ¹ ²

Gastric Ewing sarcoma/*EWSR1::ERG* and CKIT expression





FONDAZIONE IRCCS
ISTITUTO NAZIONALE
DEI TUMORI

CASE 2

Dr. Mary Ann Stevens



Clinical Case

Dr. Mary Ann Stevens P.

Medical Oncologist.

SELNET meeting 21 / 11 / 2024.

Clinical history

- Female, born 1999 (25 years old).
- No smoking history, no alcohol overuse, no comorbidities.
- No relevant concomitant medication.
- No relevant family history

Initial presentation and history

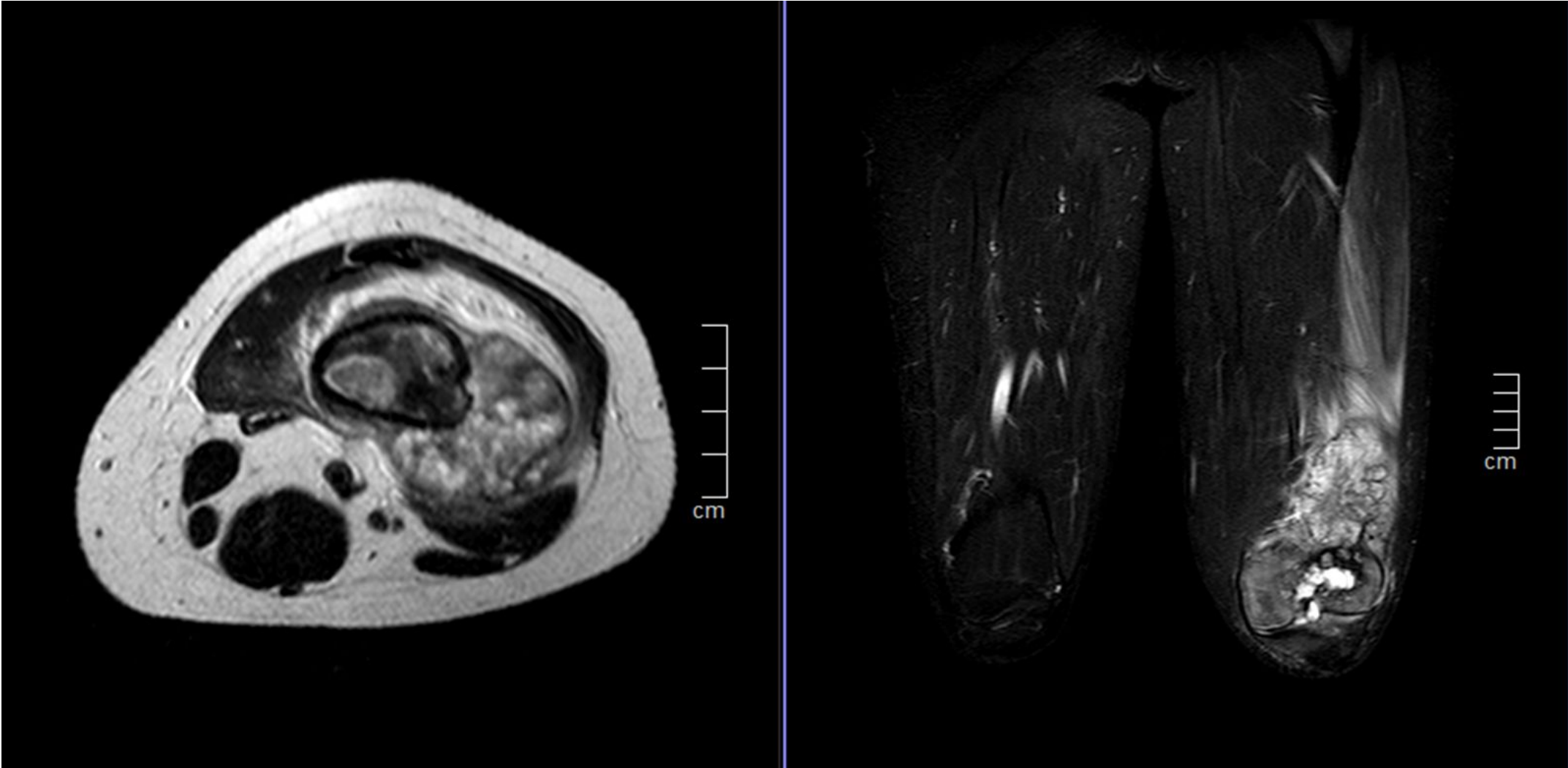
April 2019 (19 years old):

- Noted Increased volume in the left distal femur.

September 2019:

- **MRI Findings:** Tumor in the distal femur, maximum diameter 11 cm.
- **Histology:** High-Grade (3/3) Osteosarcoma (osteoblastic subtype with pleomorphic component).
- **Staging Workup:** TC-TAP and PET scan negative for distant metastases.

September 2019



Initial Treatment

- **Neoadjuvant Chemotherapy:**

Oct 2019 – Jan 2020: MAP protocol: 3 cycles Cisplatin + Adriamycin, 2 cycles Methotrexate.

- **Surgical Intervention:**

29 Jan 2020: Block excision with left knee prosthesis reconstruction.

Pathology Report: Good response with 92% tumor necrosis.

- **Complications Post-Surgery:**

Prosthesis infection, treated with antibiotics and replacement.



Adjuvant Treatment and Follow-up

Adjuvant Treatment

- **July 2020 – Feb 2021: 6 months after surgery**
 - 3 cycles Adriamycin, 3 cycles Cisplatin, 7 cycles Methotrexate (total 6AP/9MTX)

Follow up

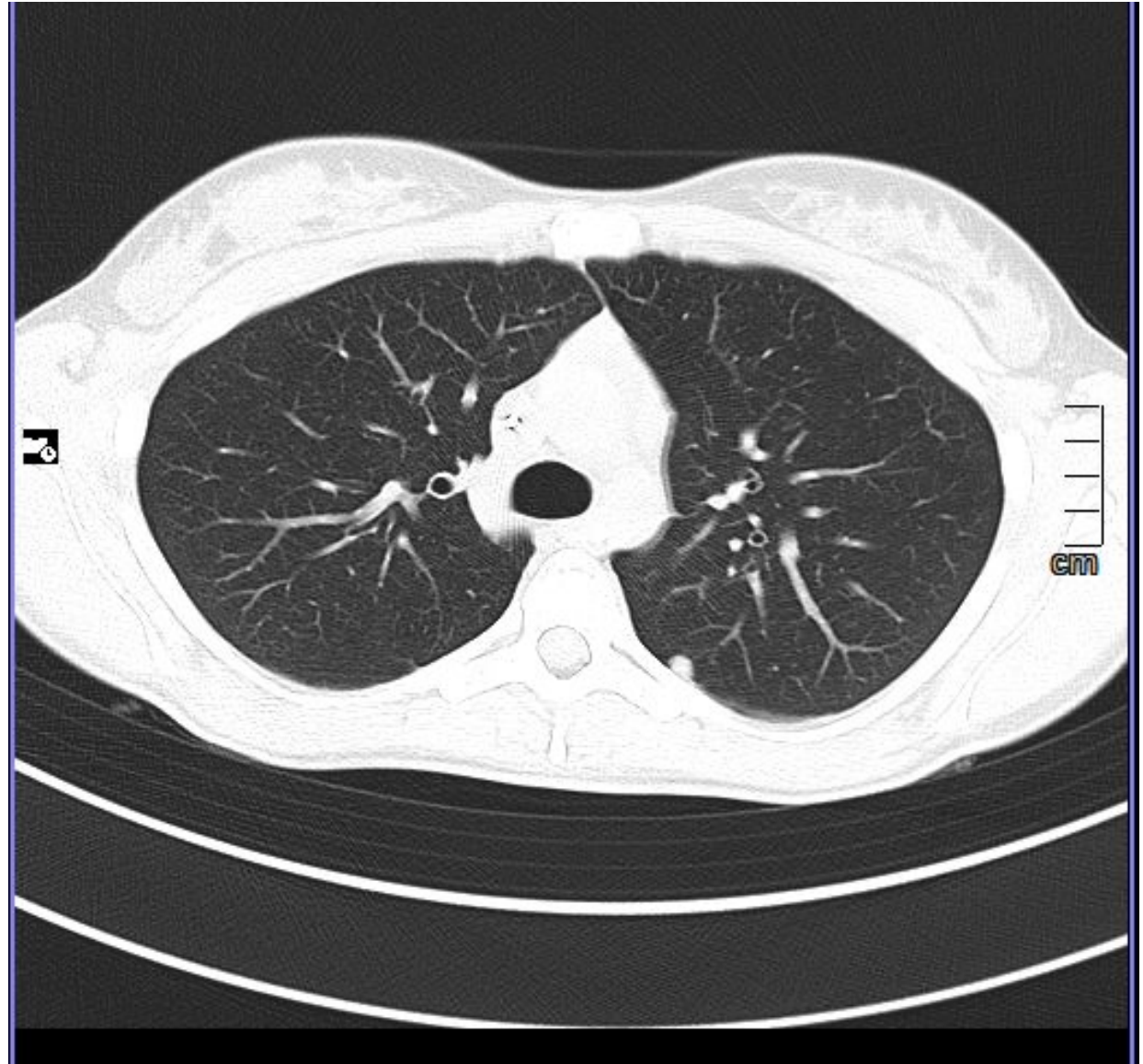
- **Dec 2021:** MRI femur: Negative.
CT Thorax: Suspicious 6 mm pulmonary nodule (LSI).
- **Feb 2022:** CT Thorax: Nodule increased to 8 mm.

Feb 2022:

- Pulmonary nodule 8 mm.

April 2022:

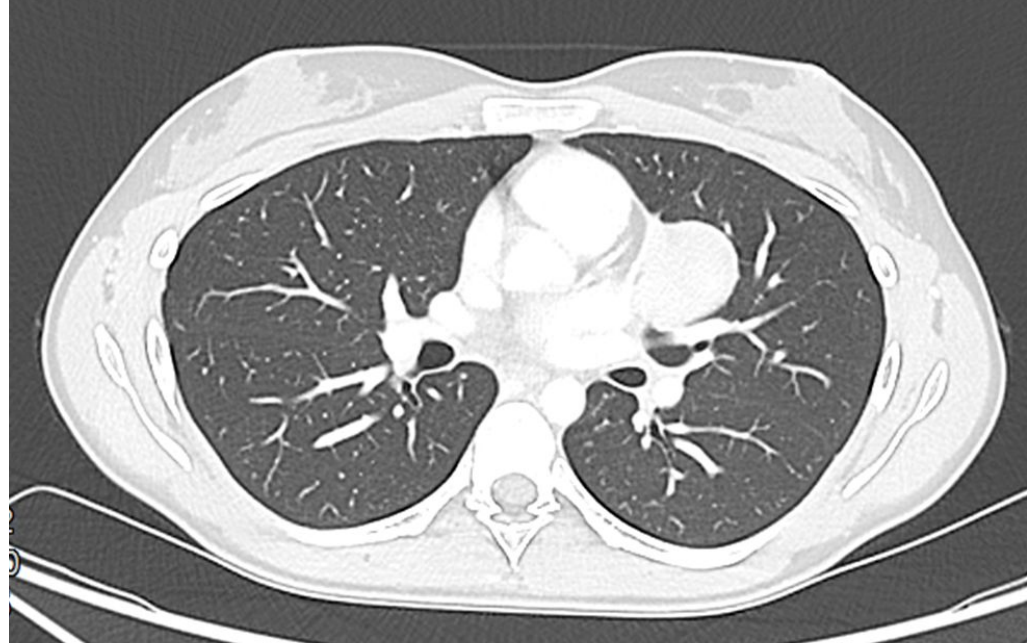
- VATS right upper lobe resection.
- **Pathology:** Metastatic osteosarcoma, necrosis absent, mitotic index 25/10 HPF.



Treatment and evolution - Osteosarcoma femur

March 2023:

- New 39 mm nodule (LSI).



- **Ifosfamide High Dose (HD):** Prolonged infusion over 14 days, every 28 days.

May 2023: Progression after 2 cycles

Treatment and evolution - Osteosarcoma femur

May 2023:

- **Gemcitabine + Docetaxel:** Completed 5 cycles by Oct 2023.
- **Outcome:** Partial Response.

Nov 2023:

- VATS left upper lobe resection.
- Post-op: Complicated by massive hemothorax requiring surgery.



May 2024: (6 months after the last lobectomy)

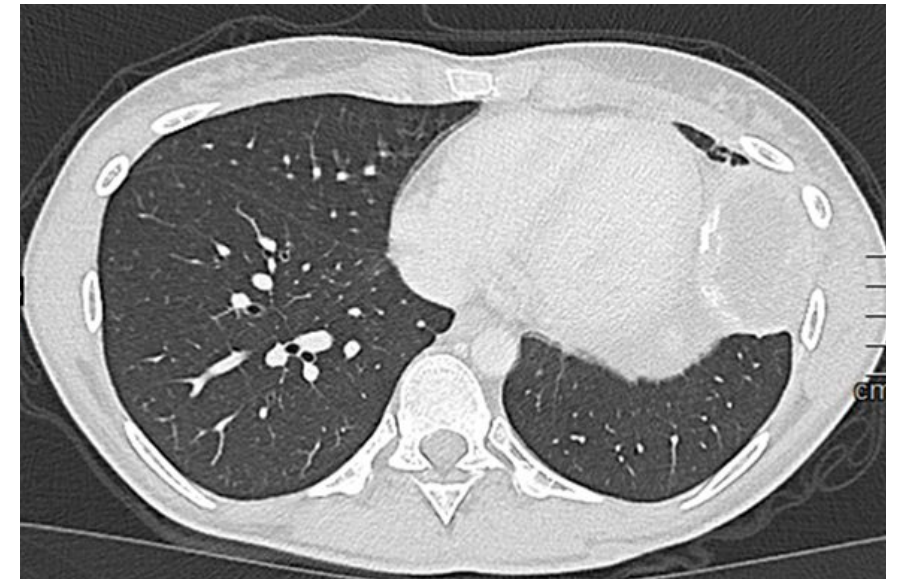
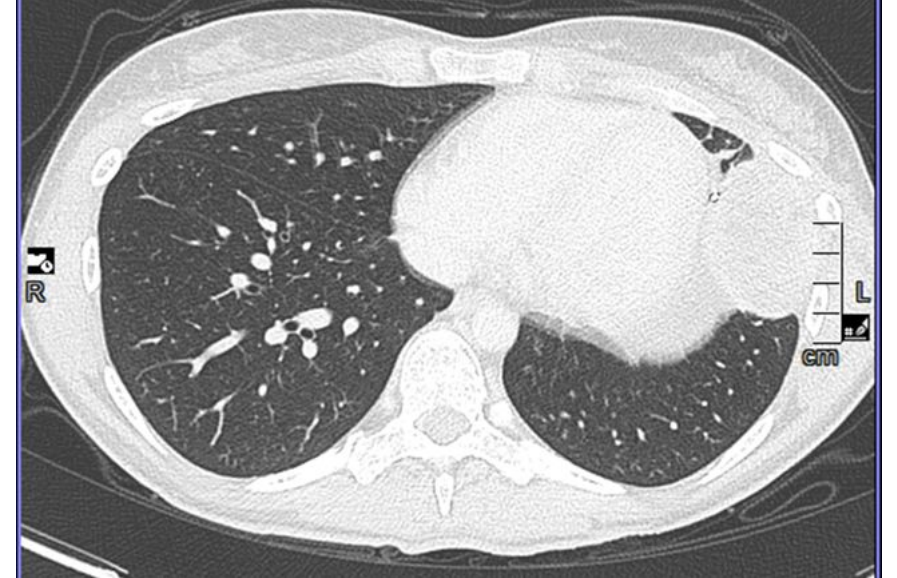
- New 6 cm expansive lesion in the left cardiogenic angle, adherent to the diaphragm, lateral chest wall, and pericardium.



- **Gemcitabine + Docetaxel (first 2 cycles only GEM due to toxicity)**

TC after 3c: SD

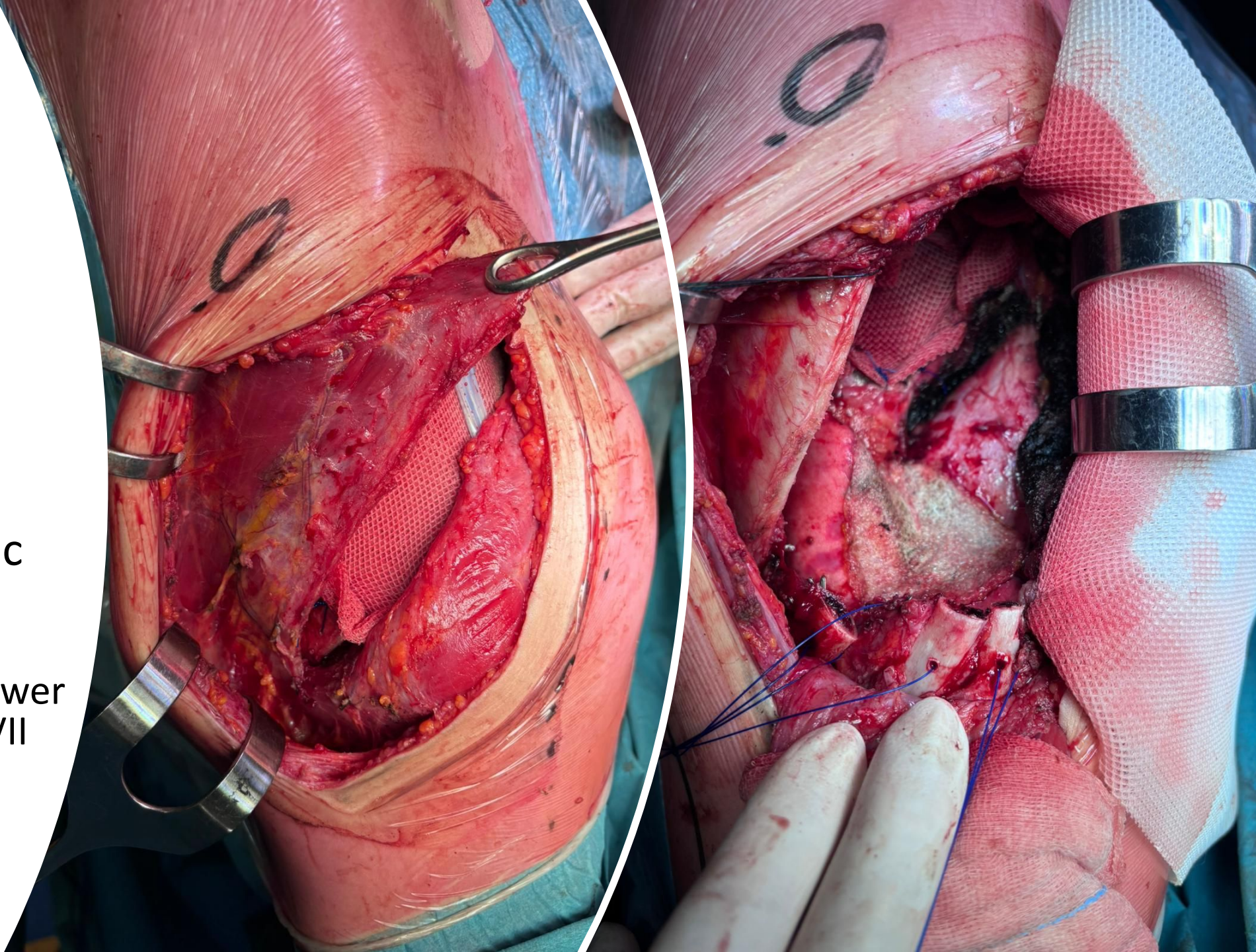
Oct 2024: Stable Disease after 6 cycles.



October 2024:

Surgery: Lateral thoracotomy

- Block excision of supradiaphragmatic neoplasm
 - Resection of diaphragm, left lower lung lobe, ribs V-VII



Pathology Report

- **Specimen:** 7 cm supradiaphragmatic mass
- **Histology:** Pleomorphic and spindle cell morphology with prominent osteoid matrix production
- **Vital Tumor:** 85% viable tumor cells
- **Mitotic Activity:** High mitotic index (20 mitoses per 10 HPF)

The tumor exhibited extensive necrosis and hemorrhage. It infiltrated surrounding soft tissues, pleura, diaphragm, and the periosteum of ribs V and VI, confirming a high-grade metastatic osteosarcoma with significant local invasion.

Discussion points

Surgical Intervention:

- Option for left pleuropneumonectomy?
- In the event of another thoracic relapse, what factors should guide the decision of a further surgery?

Role of Radiotherapy:

- Could radiotherapy be an effective modality for controlling recurrent pulmonary metastatic nodules in osteosarcoma?

Systemic Therapy Options:

- Any role for pseudo-adjuvant ChT treatment?
- Further options?

CASE 3

- Dr. Tomás Soulé



81 y/o

Female

PS 0

2011 Graves síndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse

Medical history

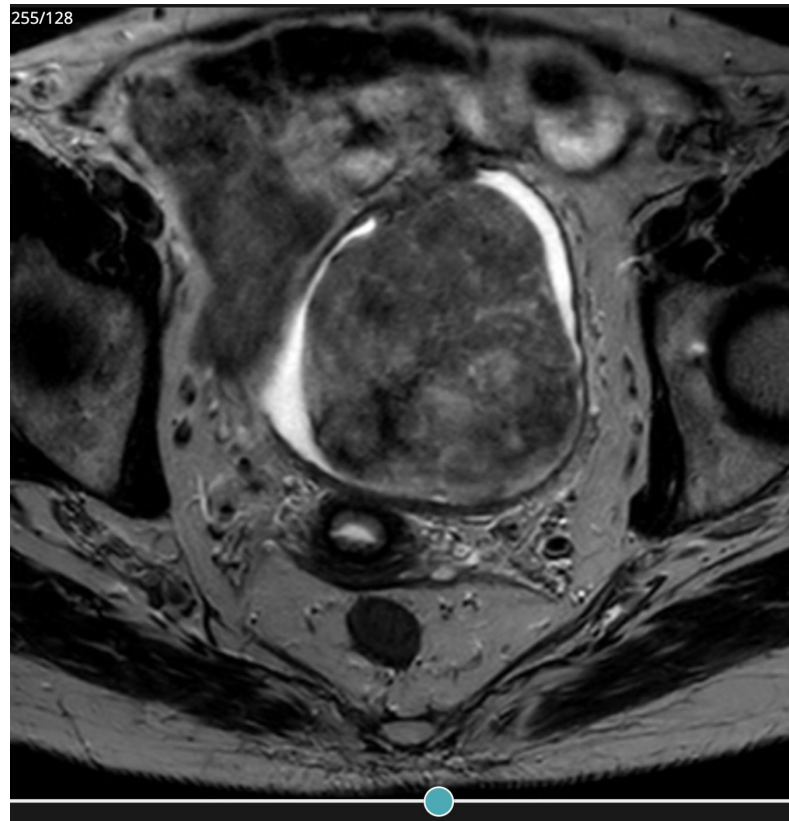


07/2024

Lower abdominal pain

US: bladder
polyp

MRI: the lesion occupying the entire of the
intravesical space



81 y/o

Female

PS 0

Medical history

2011 Graves síndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse



09/2024

In another institution tried to Access to do the biopsy by cystoscopy, but they can't do so due to the stoppage of the lesion at the bladder entrance

They decided to do it by Pfirenstein incisión: with partial cistectomy

81 y/o

Female

PS 0

Medical history

2011 Graves síndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse

09/2024

Pathology report: leiomyosarcoma

IHQ:

- Vimentine +
- AML +
- Desmine +
- AE1AE3, S100 negative

SELNET



PATOLOGÍA ALTA COMPLEJIDAD

Dr. Ricardo Sánchez Marull MN 73.118	Dr. Esteban Maronna MN 101.241	Dra. María Carla Adami MN 102.836
--	--	---

Médicos consultores: Dr. Claudio Lewin MN 65.046

Médicos colaboradores: Dra. Gloria Inurrigarro MN 108.208 - Dra. María Fernanda Agost Carreño MN 101.079
 Dra. Victoria Gramigna MN 105.601 - Dra. María Dolores Sciaccaluga MN 140.617
 Dra. Agustina Dupont MN 148.476 - Dra. Patricia Vega MN 129.918
 Dra. María Clara Corrales Morey MN 133.259 - Dra. Agustina Bruno MN 162.496
 Dra. M. Victoria Cavoti Sadonio MN 111.677 - Dra. María Belén Centurión MN 161.306
 Dr. Julio César Barrozo MN 170.635

Pertenece a LOPREIATO MARIA CRISTINA	Protocolo 24A-034243
Indicado por Chernobilsky Victor	Fecha 13 de septiembre de 2024
Institución SANATORIO ANCHORENA	Registro
Obra social AVALIAN	Afiliado 39728623
Material: Vejiga	

MACROSCOPIA:

1) Se recibe vejiga en dos fragmentos irregulares que en conjunto miden 10 x 7 x 6 cm. Superficie externa irregular, sectores despulida y retraída. Al corte se observa lesión tumoral blanquecina, friable y focos de hemorragia que miden 6,5 x 6 x 5 cm. Infiltra toda la pared. (1A-1F: VF /R)

2) Se reciben dos fragmentos parduscos que miden 1,5 x 1,3 cm. (2F/R)

MICROSCOPIA:

1) Los cortes histológicos muestran una proliferación de células neoplásicas ahusadas, con núcleos elongados de moderada anisonucleosis y presencia de figuras mitóticas (hasta 8 por milímetro cuadrado), dispuestas formando fascículos entrecruzados, con focos de necrosis que comprometen menos del 50% del tumor. Se realizaron técnicas de inmunohistoquímica con los siguientes resultados:
Vimentina: Positivo
Actina de musculo liso: Positivo
Desmina: Positivo
Citoqueratina AE1AE3: Negativo
Proteína S100: negativo
Ki-67: 25%

2) Los cortes histológicos muestran fragmentos de tejido conectivo y muscular con fibrosis. No se observan células atípicas.

DIAGNOSTICO:

1) **VEJIGA, RESECCION:**
 -LEIOMIOSARCOMA (GRADO 2)

2) **VEJIGA (TOMA PROFUNDA), BIOPSIA:**
 -FIBROSIS

Octubre 03, 2024
 Em
 ml

ESTEBAN MARONNA
 MEDICO P
 M.D. 11

81 y/o

Female

PS 0

2011 Graves síndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse



Medical history

09/2024

Review in our institution: Dr. Gonzalez Lucia

- Spindle cells with plump nuclei and moderate to abundant, pale to eosinophilic cytoplasm
- Cells are set in long intersecting fascicles perpendicular to the plane of section
- Moderate nuclear pleomorphism is usually noted
- Mitotic figures and foci of necrosis

IHQ:

AML +

Desmine +

S100 -

Sox 10 -

Tle1 -

CD34 -

Ck8/18 -

81 y/o

Female

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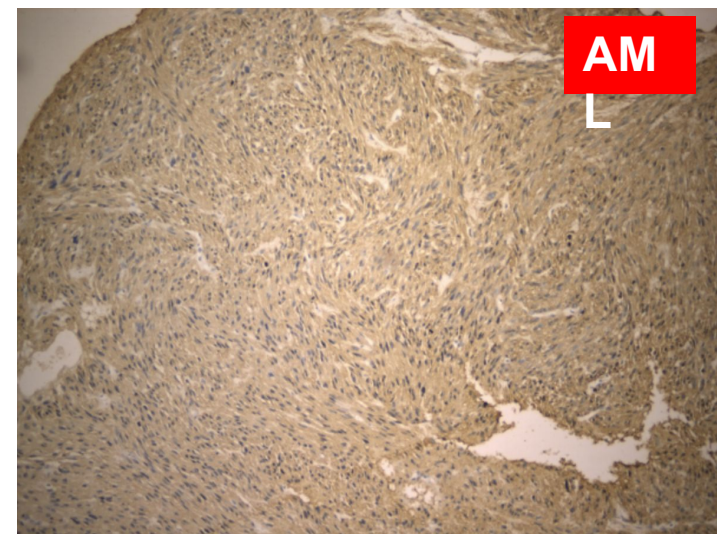
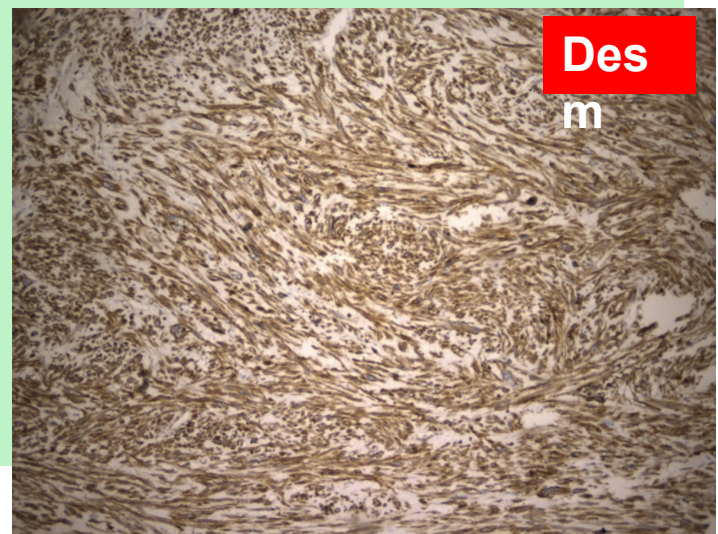
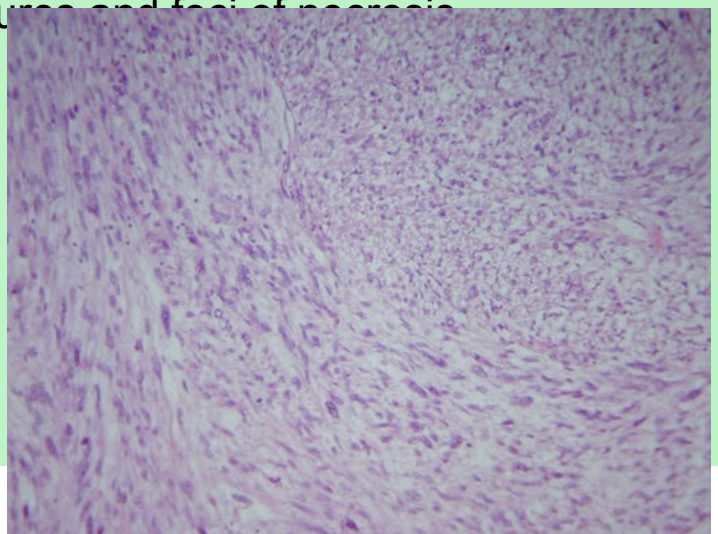
Medical history

09/2024

Review in our institution

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IHQ
AML +
Desmine +
S100 -
Sox 10 -
Tle1 -
CD34 -
Ck8/18 -



81 y/o

Female

PS 0

2011 Graves s ndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse

Medical history



10/2024

PET-FDG:

- Hypermetabolic focus projected onto the anterior and superior wall of the bladder, without clear morphological translation in the CT scan. Maximum SUV 29.8.
- Slight metabolic increase projected onto the post-surgical anatomical traces on the anterior abdomino-pelvic wall. Maximum SUV 3.6.

81 y/o

Female

PS 0

2011 Graves s ndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse

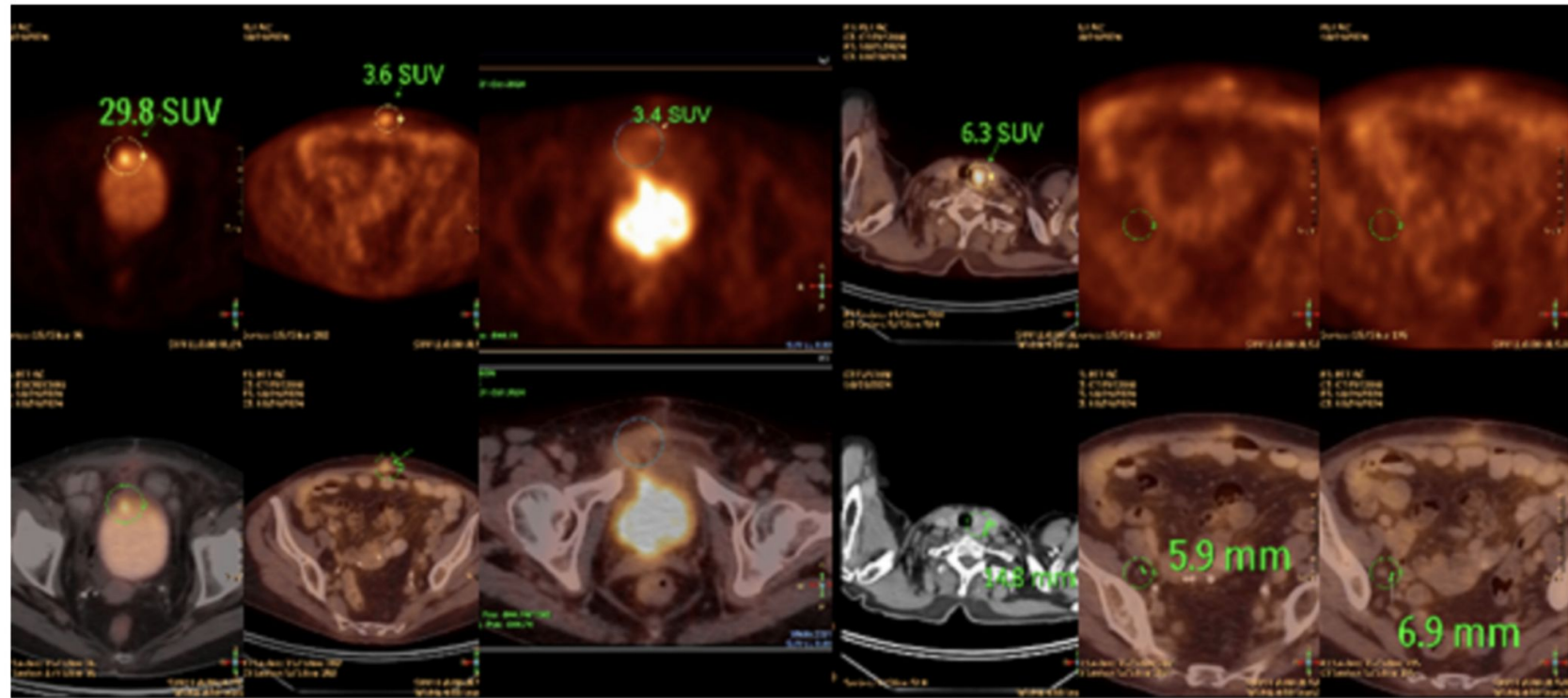
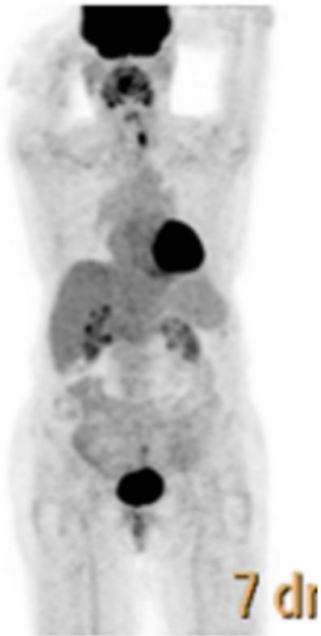


Medical history

10/2024

PET-CT

- Hypertrophy of the wall of the left ventricle
- Slight anatomical changes
- Maximal diameter 5.9 mm



81 y/o

Female

PS 0

Medical history

2011 Graves s ndrome (Radiotherapy)

2013 Cardiac ablation

2018 Uterine Prolapse



10/2024

MRI:

- Post-surgical changes in the right anterolateral wall of the bladder, identifying subtle segmental parietal thickening with post-contrast enhancement.

81 y/o

Medical history



Questions to the MDT:

- **Adjuvant chemotherapy**
- **Need for cystectomy (pending transurethral resection)**



Instituto Nacional de Cancerología

CASE 4

- Dr. Karen Archaga Fiallos R2 OM
- Dr. Kevin Reyna Perez R2OM
- Dr. Haydee Caro Oncology Patologist



Medical Record

- 22-year-old woman.
- Family history: Grandmother with Diabetes mellitus, non specified arrhythmia.
- Non Pathological
 - Tobacco, 1 cigar per week for 7 years.
 - Alcohol, twice a week for 7 years, stopped 3 months ago.
 - Drugs: Ecstasy, cocaine, hallucinogenic mushrooms, regular marijuana use.
- Pathological
 - Arrhythmia, Heart Failure Reduced LVEF, Empaglifozin 10 mg QD, Propranolol 10 mg BID, Ivabradine 2.5 mg QD
 - PCOS 17 yr old
 - Abril 2024 radical left nephrectomy
 - No allergies, blood transfusions.



February 2024

Increase in abdominal circumference, accompanied with pain.

Image studies: left kidney tumor and apparent tumor thrombus in the vena cava.



Abril 2024

Open radical left nephrectomy + tumoral thrombus in vena cava



May 2024

Histopathological report: primary monophasic synovial sarcoma of the kidney with necrosis and hemorrhage, tumor size 12 cm, lymphovascular infiltration (+), 1/6 lymph nodes with metastasis; IHC vimentin (+), CD99 (+), Bcl-2 (+)

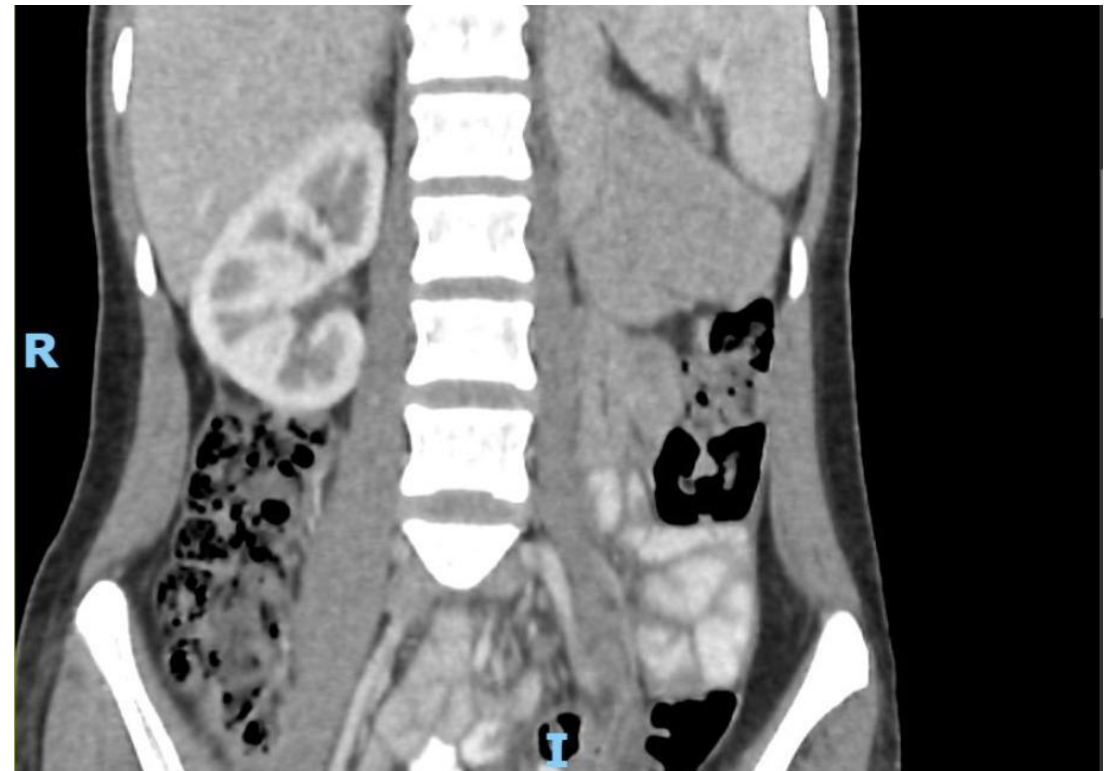


June 2024

PET CT 18 FDG: marker overexpression, paraaortic SUVmax 3.11, left psoas SUVmax 2.4

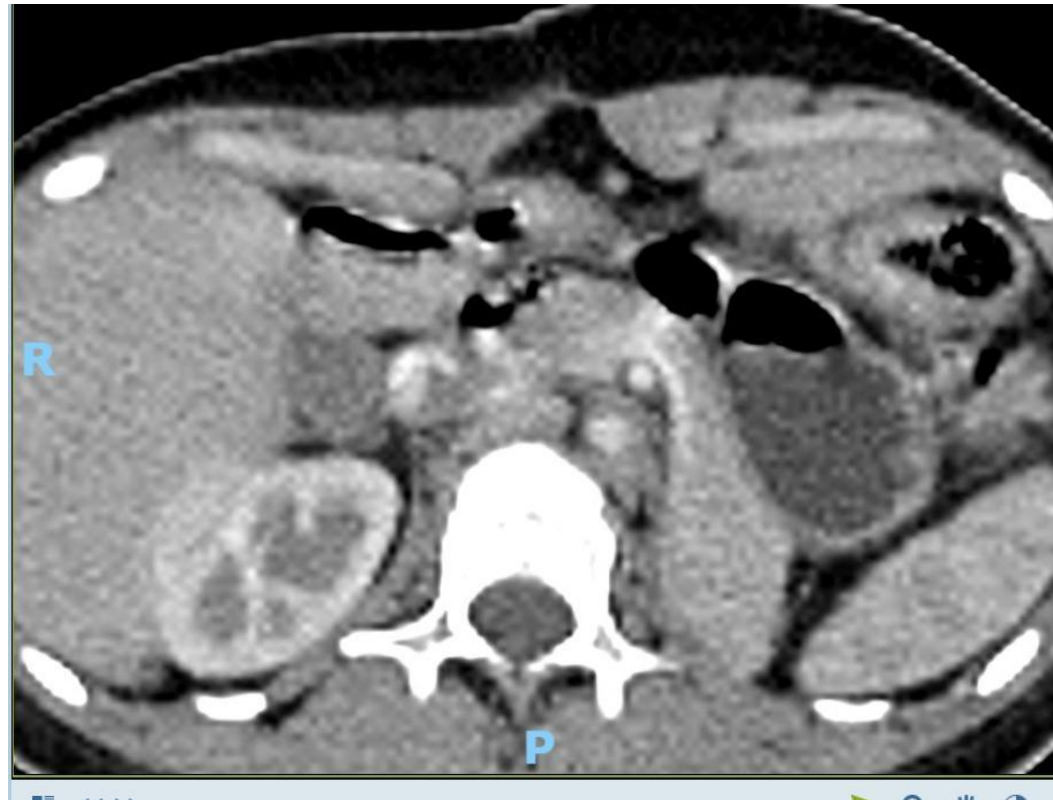
Oncological Medical History

PET 06/11/2024



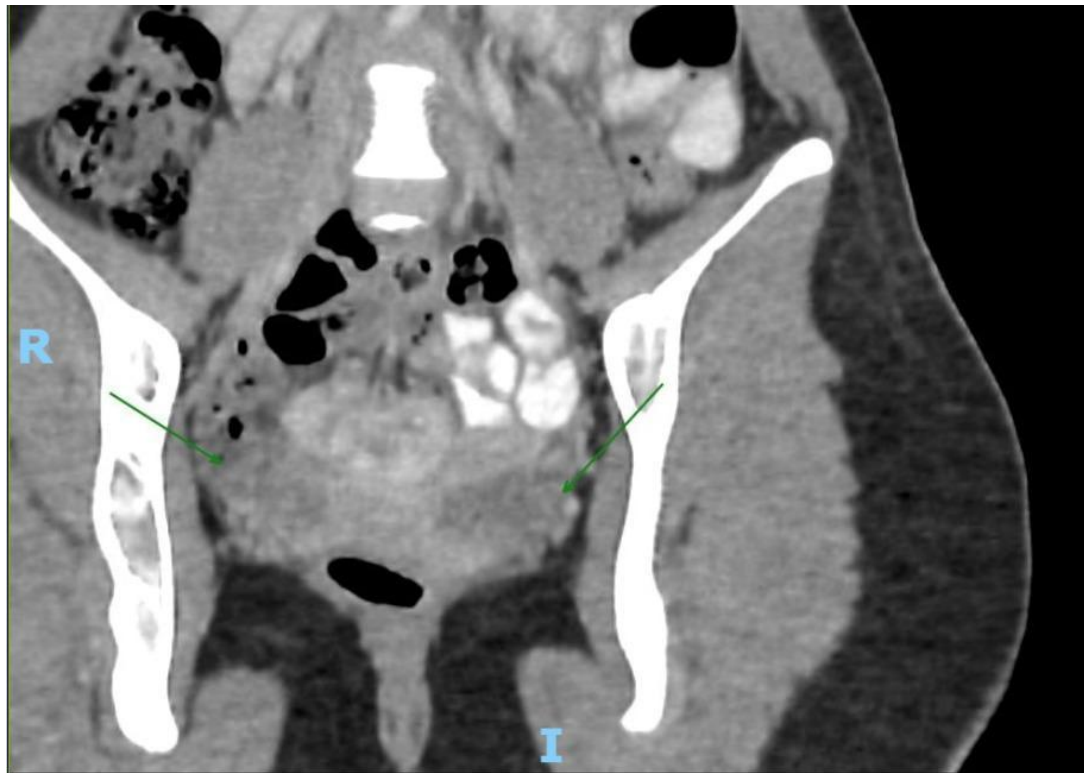
Oncological Medical History

PET 06/11/2024



Oncological Medical History

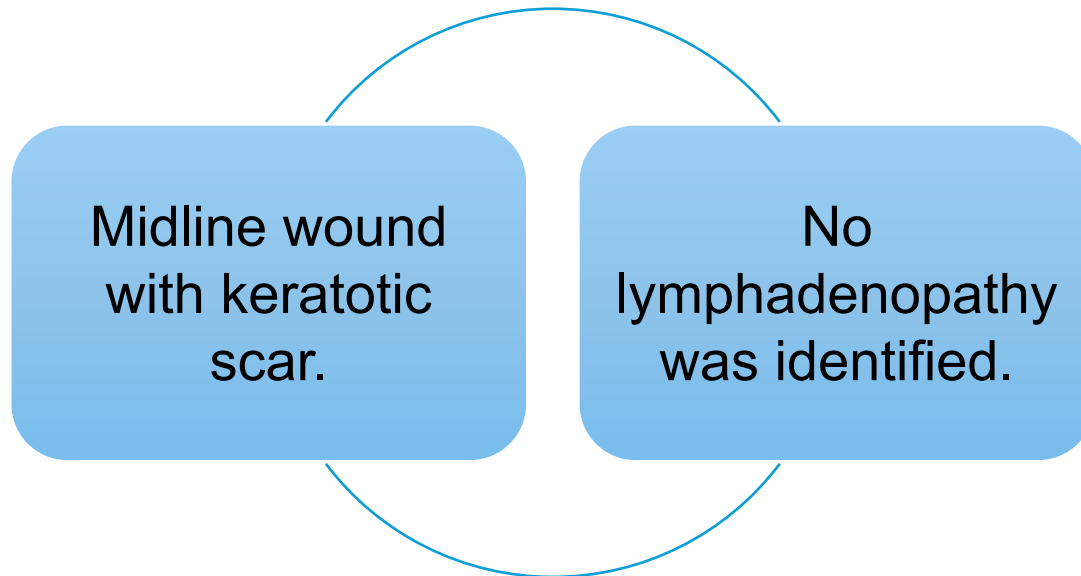
PET 06/11/2024



Case Evolution

07/08/2024

Physical examination



Laboratory

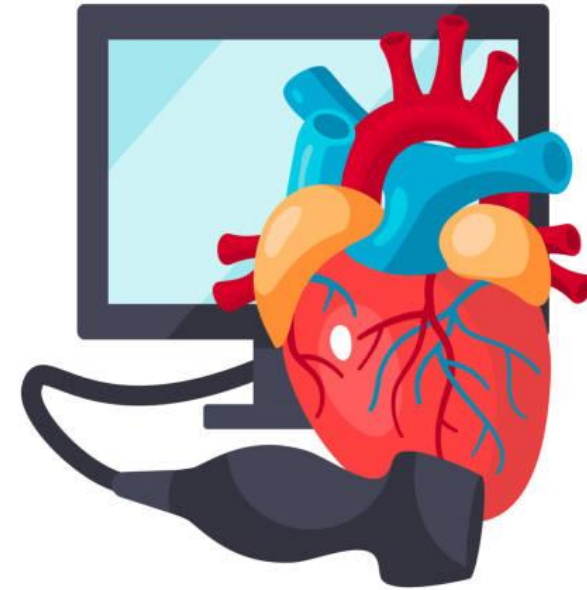
- Hematological, liver and kidney function within reference levels.



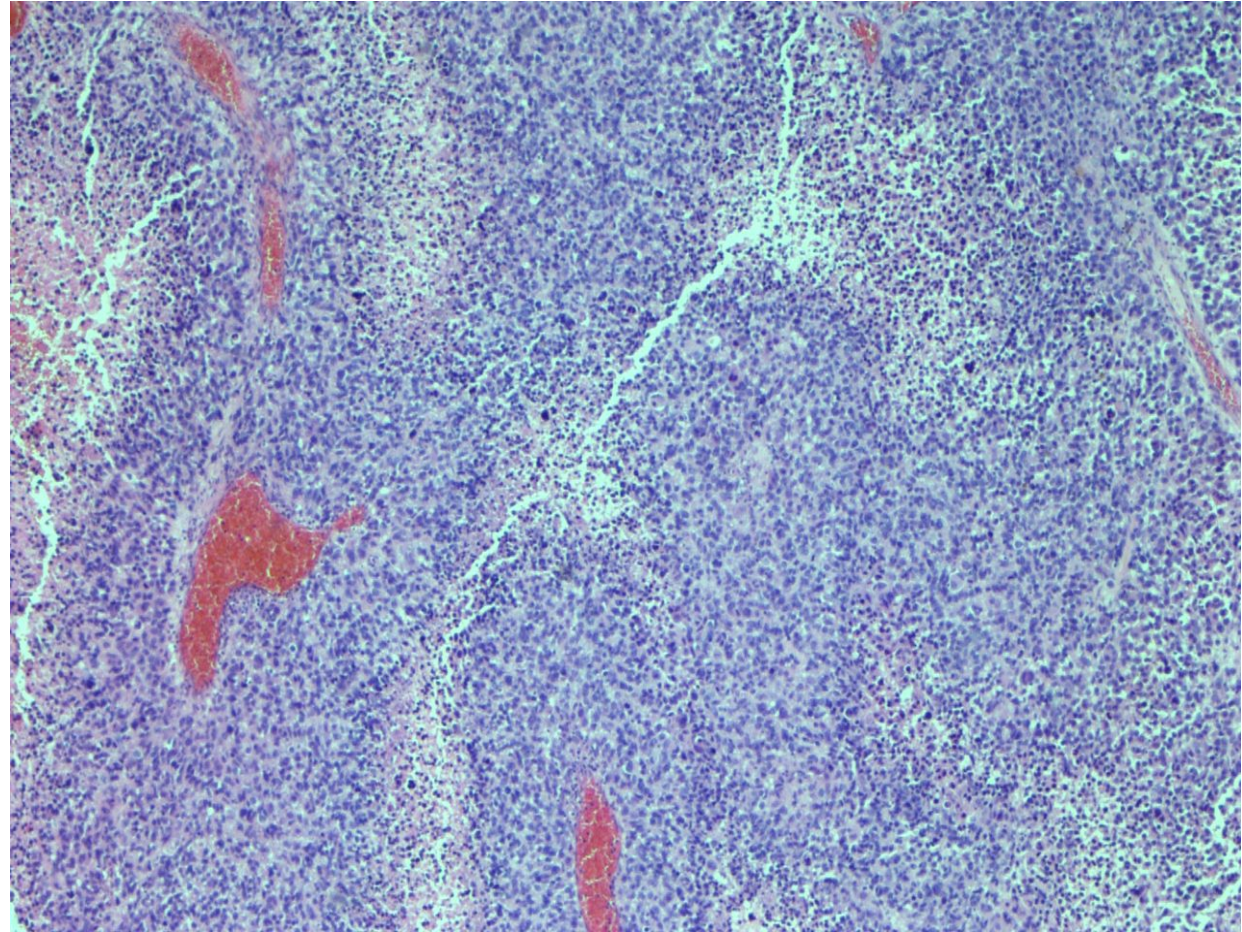
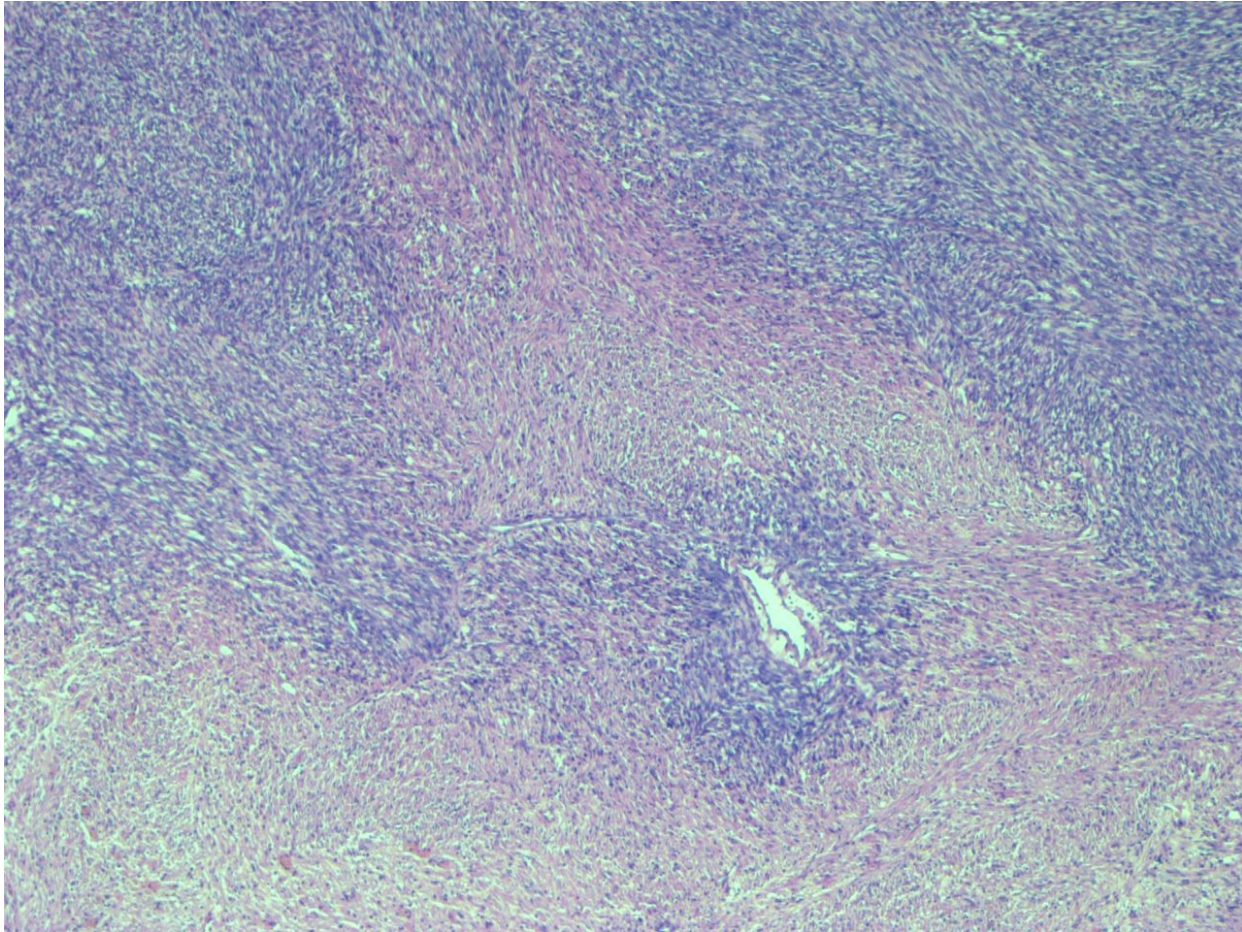
Case Evolution

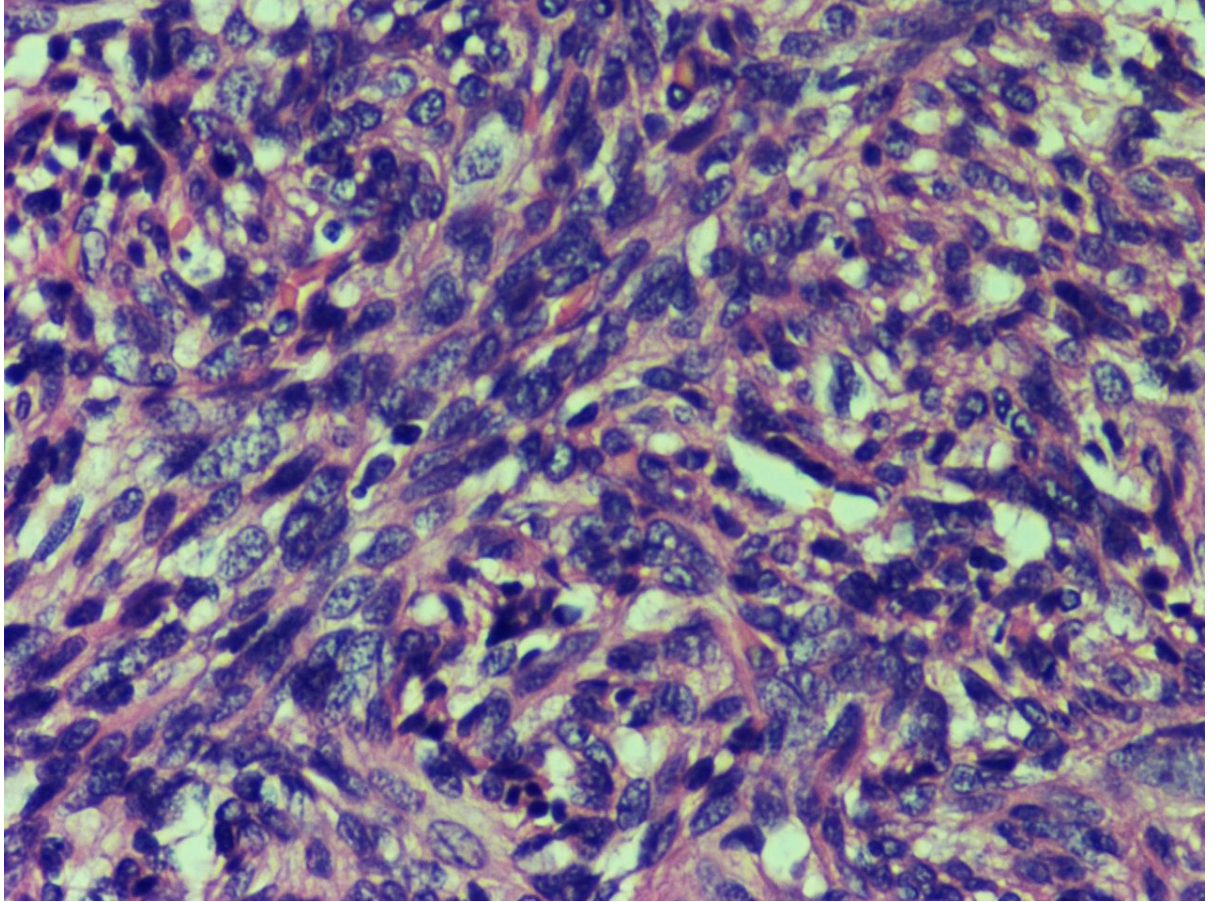
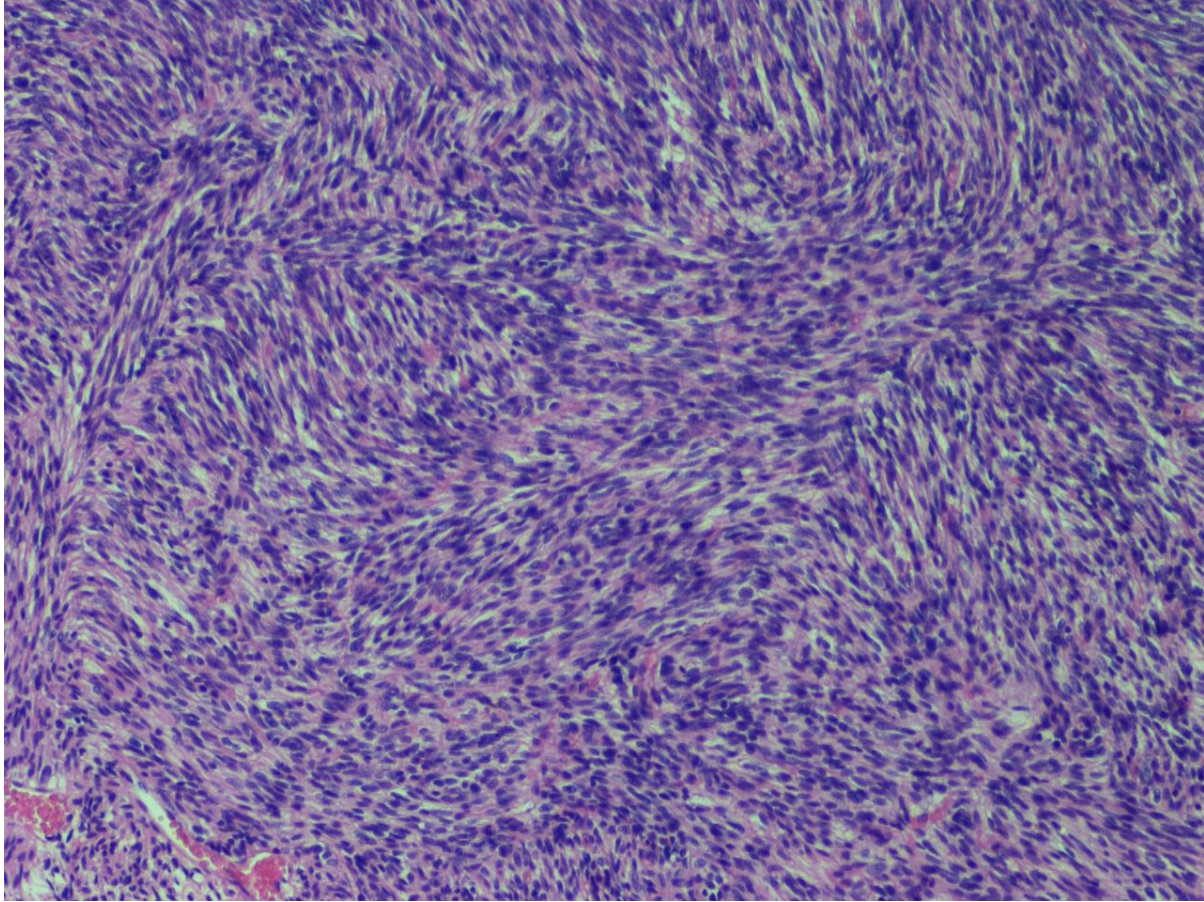
Echocardiogram 10/18/2024

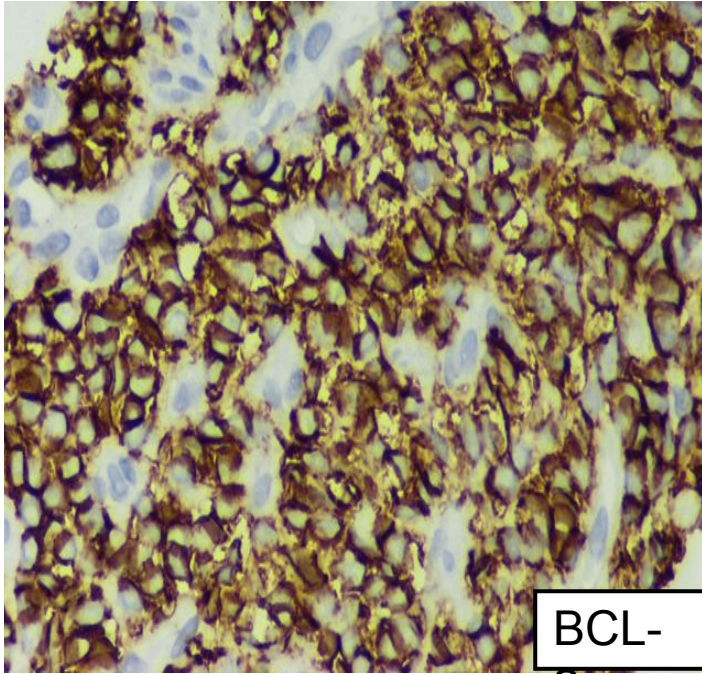
- Echocardiogram: Left ventricle not dilated, normal with generalized hypokinesia, left ventricular systolic dysfunction, LVEF 40%, ejection fraction 39%, mild functional tricuspid insufficiency.



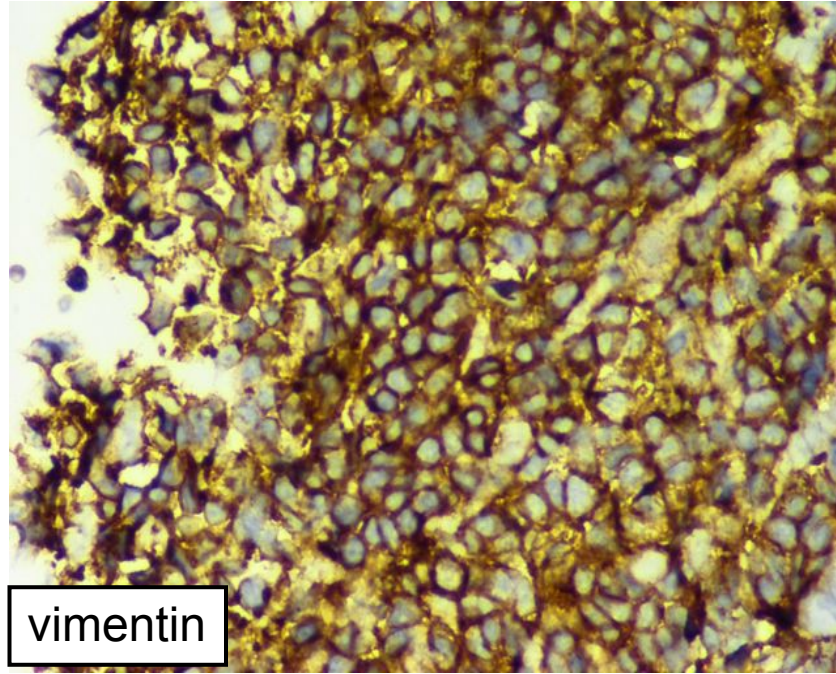
LEFT NEPHRECTOMY FOR SECOND OPINION



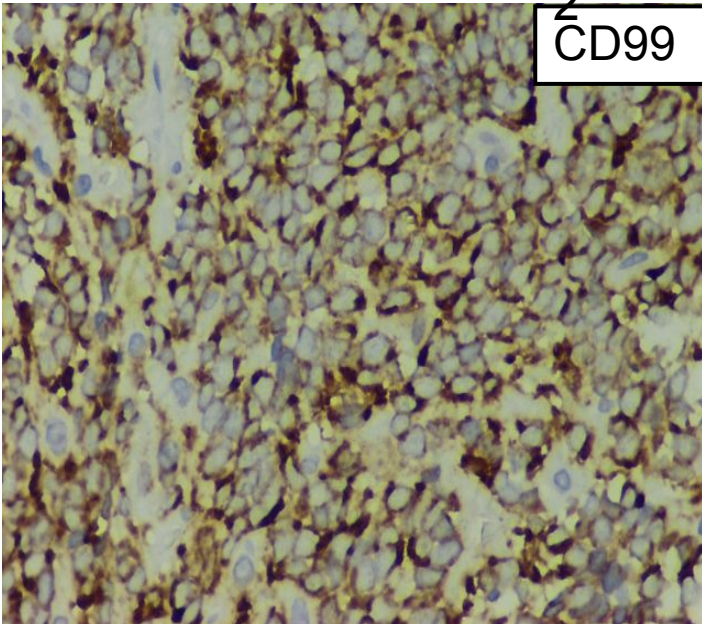




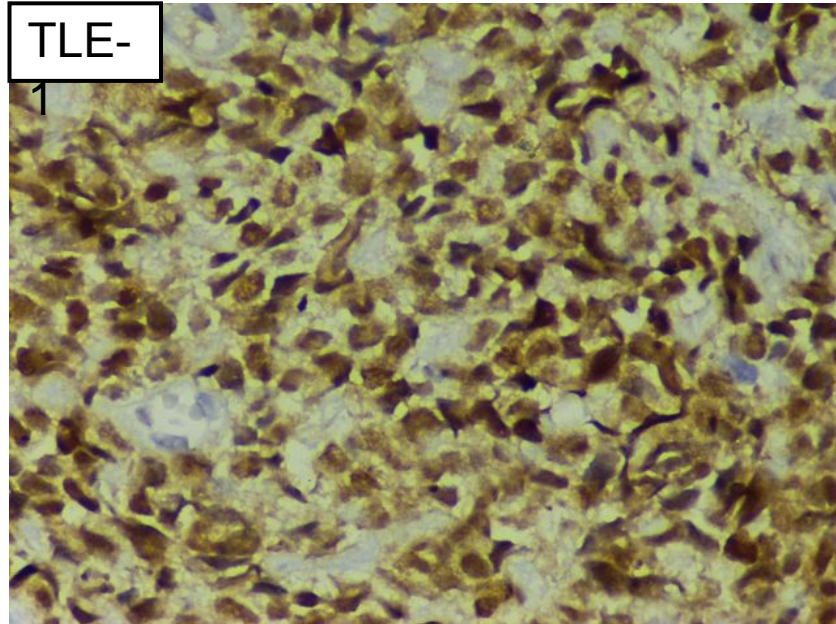
BCL-
2



vimentin



CD99



TLE-
1

FIRST IHQ RESULTS:

- S100, WT1, CKAE1/E3, CD34, DESMIN, EMA **NEGATIVE**
- CD99 and VIMENTIN **POSITIVE**

We add:

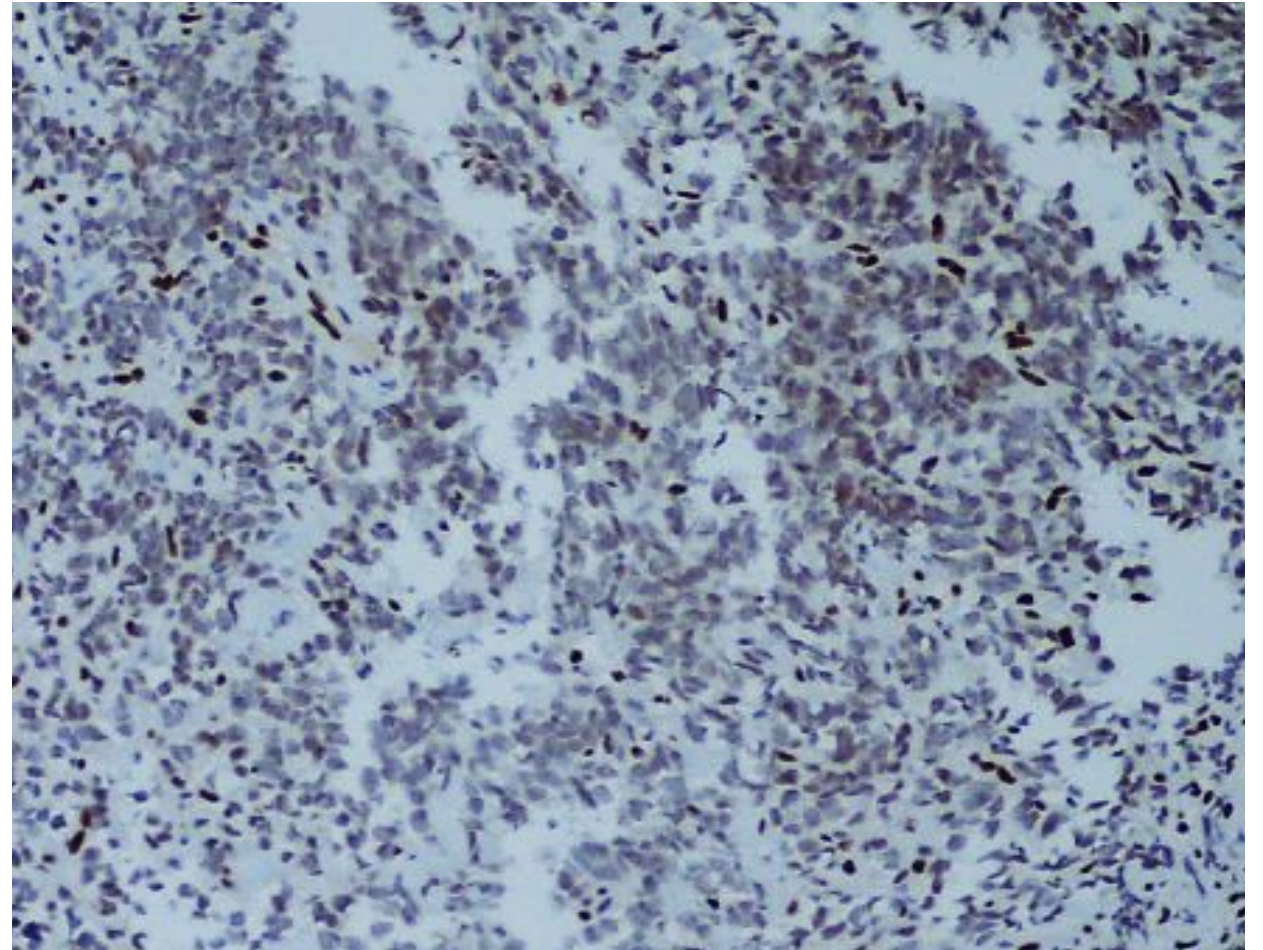
- Bcl-2 Positive
- CD10 Negative
- Synaptophysin Negative
- TLE-1 Positive

PARAFFIN BLOCKS AND SLIDES FOR SECOND OPINION

LEFT NEPHRECTOMY :

- MONOPHASIC SYNOVIAL SARCOMA (G3) WITH 15% NECROSIS
- WITHOUT INFILTRATION OF THE CAPSULE
- TUMORAL SIZE: 12 CM (ORIGINAL REPORT)
- SECTION EDGES: NOT EVALUABLE.

*WITH A TUMORAL THROMBUS IN THE RENAL VEIN



SS18 focal



INFORME DE ESTUDIO DE HIBRIDACIÓN IN SITU FLUORESCENTE (FISH) SS18 (18q11.2) Break Apart Probe

Métodología

El FISH se realizó en las zonas marcadas por el patólogo, una laminilla se hibridó con la sonda Vysis LSI SS18 (18q11.2) Dual Color Break Apart Rearrangement Probe (Abbott Molecular). Se contó en 50 núcleos en un microscopio de fluorescencia Zeiss para establecer la cantidad, patrón y distribución de señales. Se considera presente cuando se identifica la alteración > o igual al 12%

Los resultados fueron los siguientes:

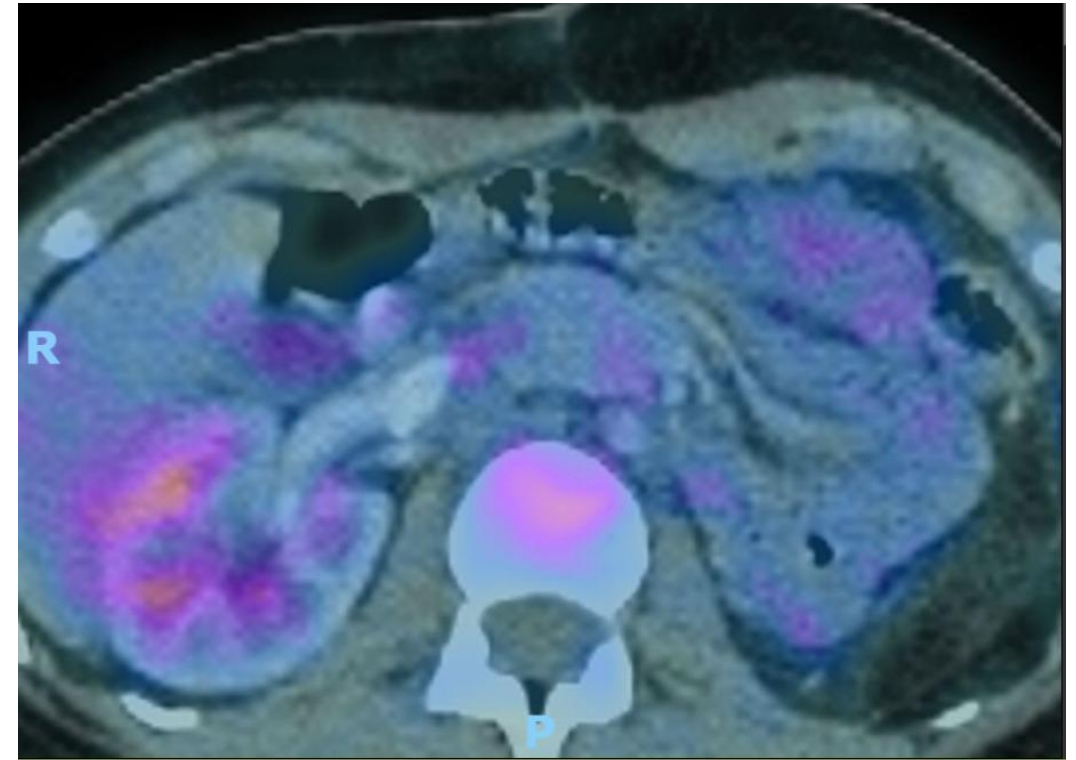
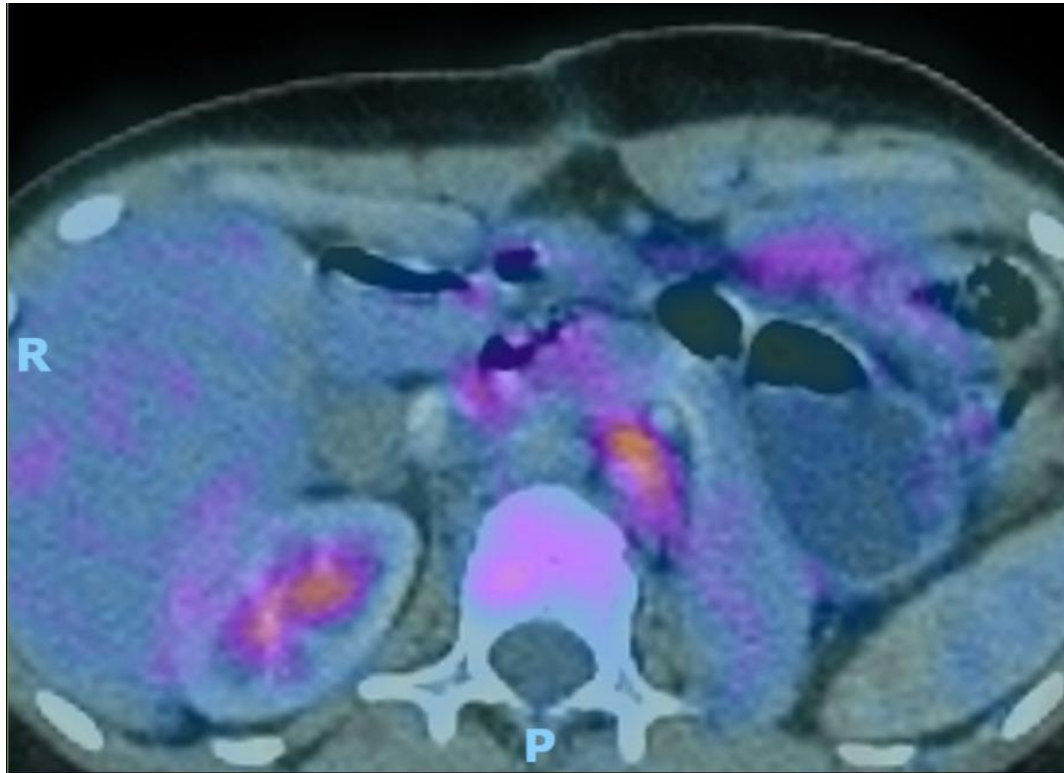
Sonda	% de núcleos con rearreglo	% de núcleos con patrón citogenético normal	Interpretación
SS18 (18q11.2) Break Apart Probe	0%	58%	RUPTURA AUSENTE

Observaciones:



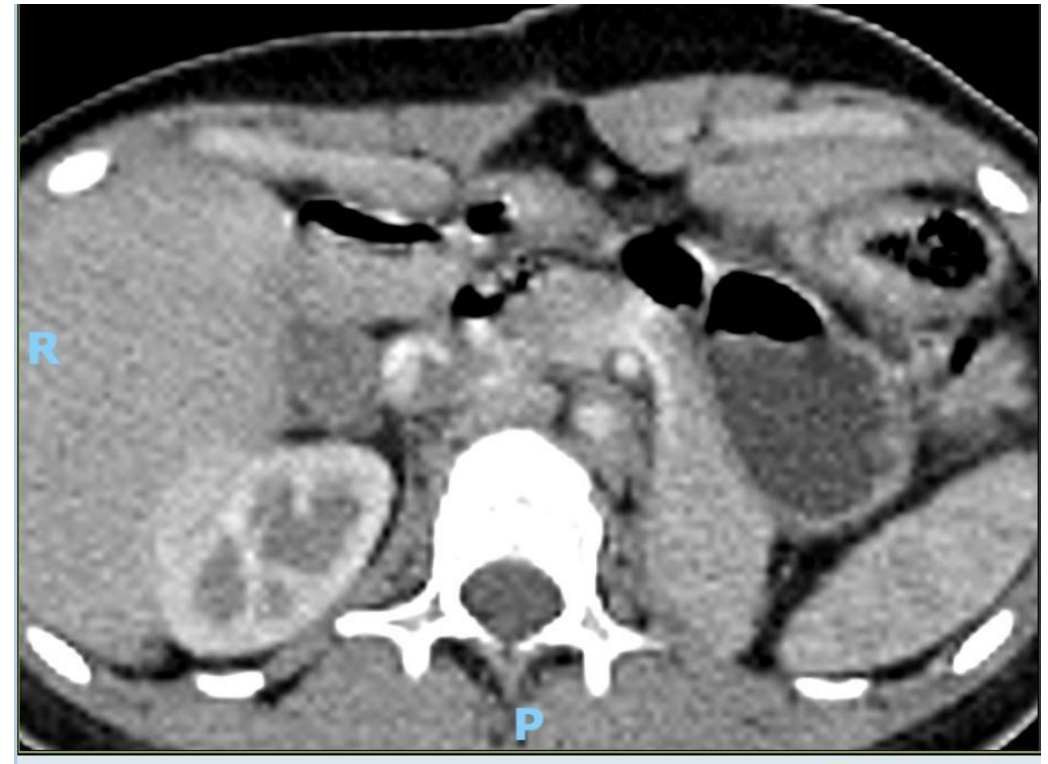
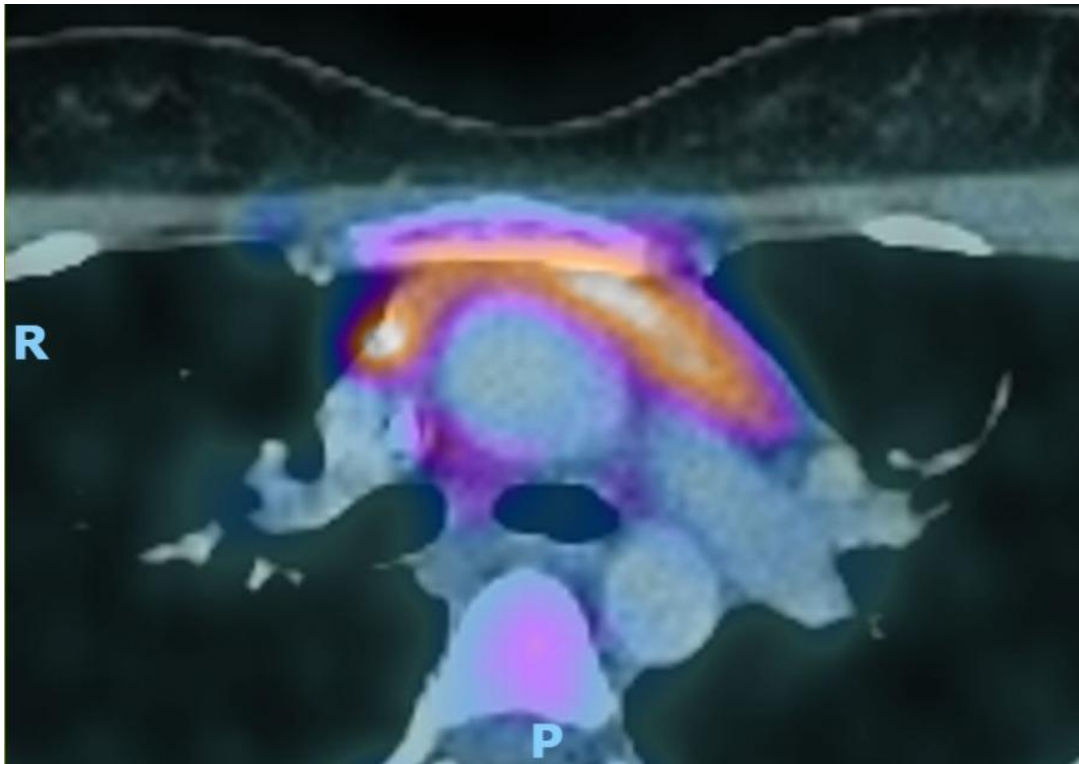
Case Evolution

PET CT 09/25/24



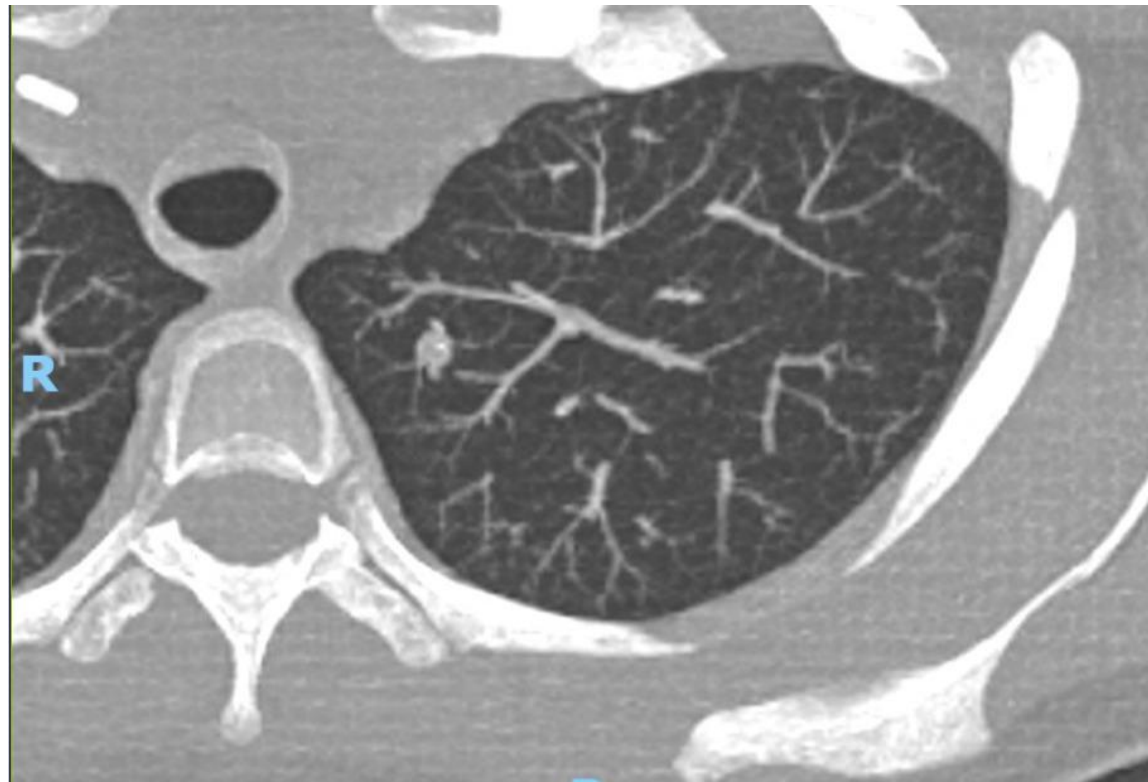
Case Evolution

PET CT 09/25/24



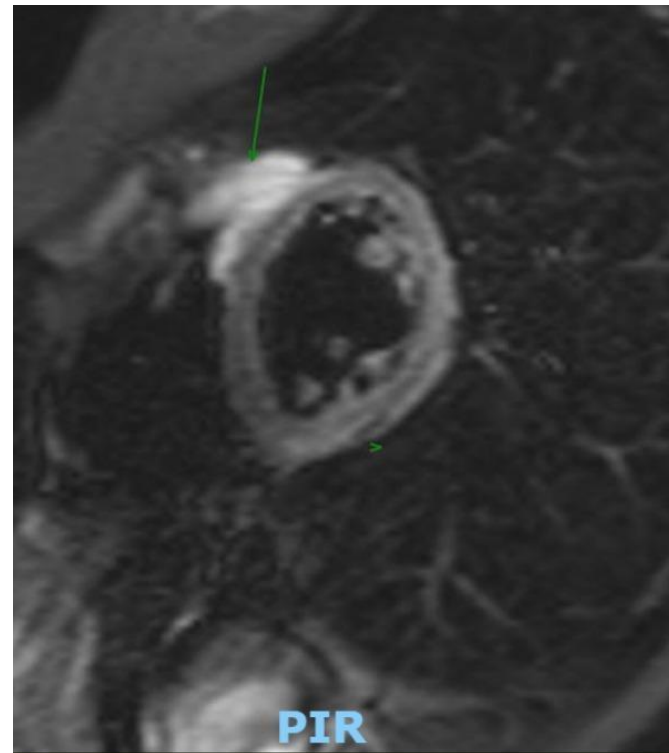
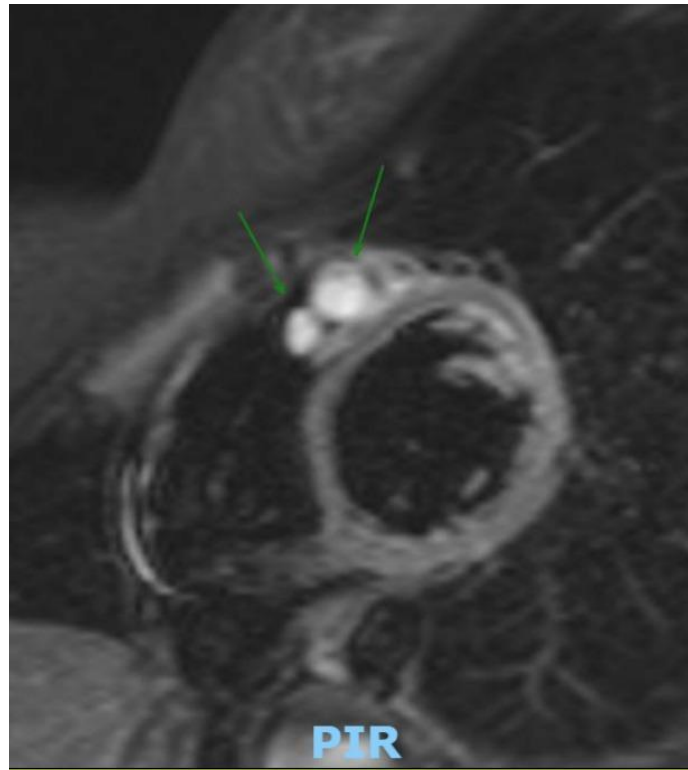
Case Evolution

PET CT 09/25/24



Case Evolution

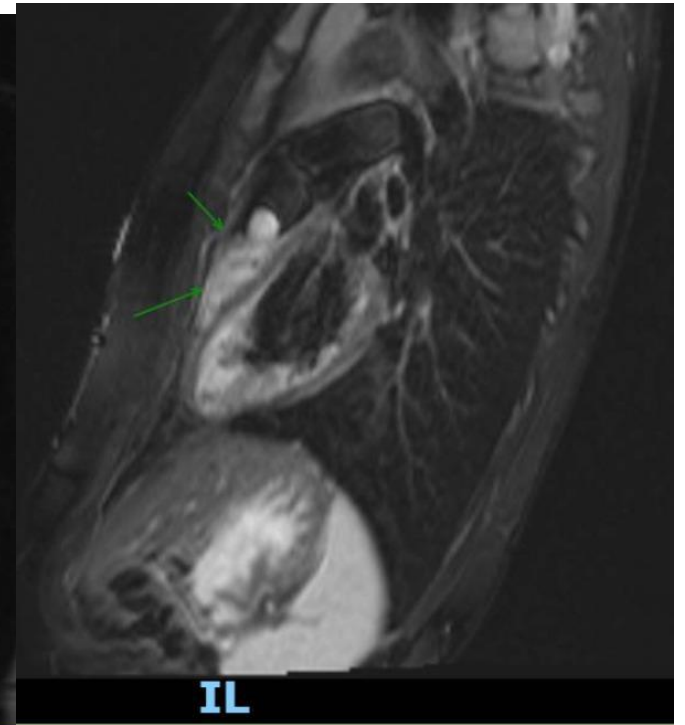
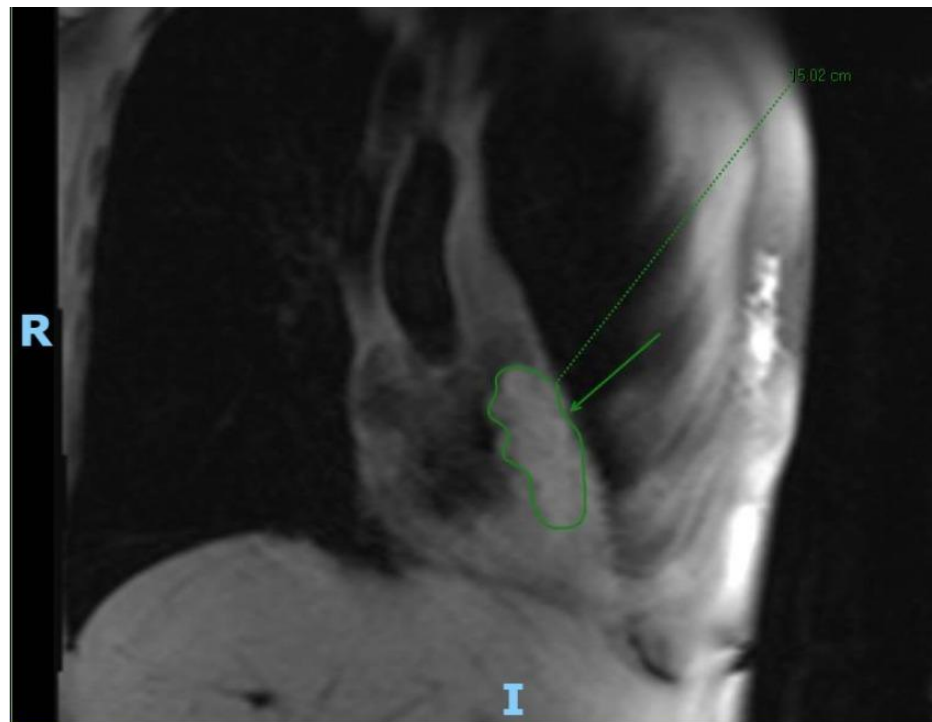
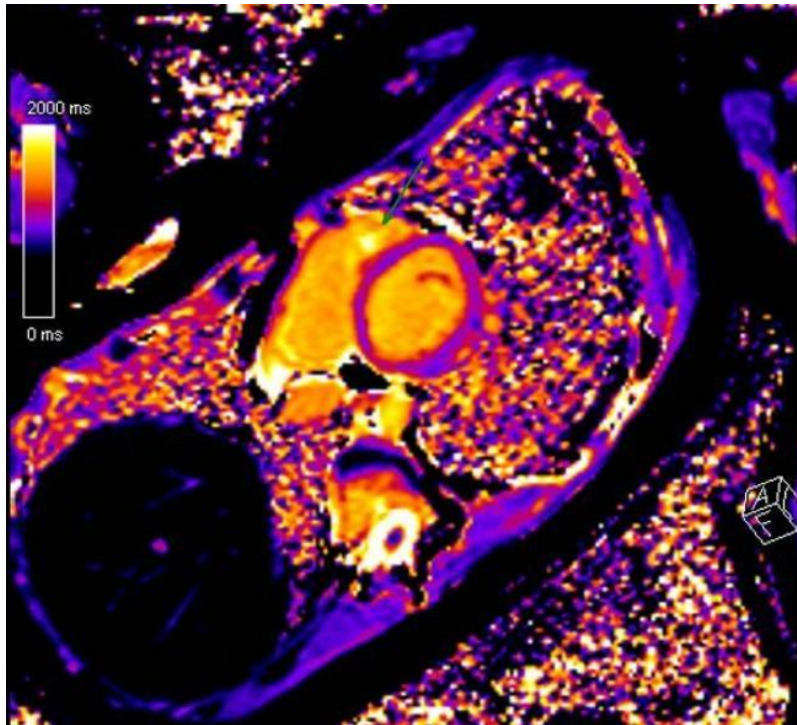
Cardiac MRI 11/12/24



Heterogeneous lesion in the right ventricle and right ventricular outflow tract, similar lesion in the right atrium, suggestive of secondary deposits.
Left ventricle with mild systolic dysfunction (LVEF 51%)

Case Evolution

Cardiac MRI 11/12/24



Discussion

- What is your opinion about systemic treatment, ¿which scheme?



GRACIAS
ARIGATO
SHUKURIA
JUSPAXAR
DANKSCHEEN
TASHAKKUR ATU
SUKSAMA
EKHMET
YU
TINGKI
BIYAN
SHUKRIA
GRACIE
MEHRBANI
PALDIES
YOU
BOLZIN
MERCIE

SPASSIBO
DANKSCHEEN
SNACHALHUYA
NORON
CHALTU
YAQHANYELAY
YUSPAGARTAN
MABEELJA
MAITEKA
HUR
SHANYABAD
AMBA
ATTU
MABEELJA
MAITEKA
HUR
SPASIBO
DENKALJA
NENACHALHUYA
UNALCHEESH
NATUR
EROU
SIKOMO
SARCO
HERASTANHY
GALJITHO
TAVYAPUCH
MEDAWAGSE
BAIRKA
KOMAPSUNNIDA
MAAKE
LAN
MINAONCHAR