

Management of neoplastic pericardial effusions

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ABSTRACT

Aims and background. Malignant pericardial effusion and cardiac tamponade are known complications of many advanced malignancies such as breast cancer, lung cancer, lymphomas and leukemias. Overall survival is low, due to other metastatic localizations. The present study evaluated the clinical outcome and prognosis in patients with advanced cancer with pericardial effusion.

Methods. We studied 7 patients, 4 men and 3 women, with malignant pericardial effusion, affected by breast cancer (2 patients), lung cancer (adenocarcinoma in 3 patients, microcytoma in 1 patient), and B-cell non-Hodgkin lymphoma (1 patient). All patients underwent pericardiocentesis; 3 patients underwent an instillation of thiotepa.

Results. One terminal patient treated with pericardiocentesis died after only a few hours. All the remaining patients experienced immediate symptomatic improvement and no operative complications. At the end of the study period, 2 patients were alive at 59 and 33 months, respectively, and 4 died of disease progression at 1 to 32 months (mean, 10.5).

Conclusions. Pericardiocentesis is an active necessary approach, and intrapericardial treatment with thiotepa was able to reduce pericardial effusion and to prevent its reaccumulation. The standard treatment of malignant effusion and cardiac tamponade has not yet been defined. Physicians should consider the status and the prognosis of each case. Free full text available at www.tumorionline.it

Key words: antineoplastic agents, cardiac tamponade, pericardial effusion, thiotepa.

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