IMAGE FOCUS

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Complete atrioventricular block in a patient with intracardiac metastases from malignant melanoma

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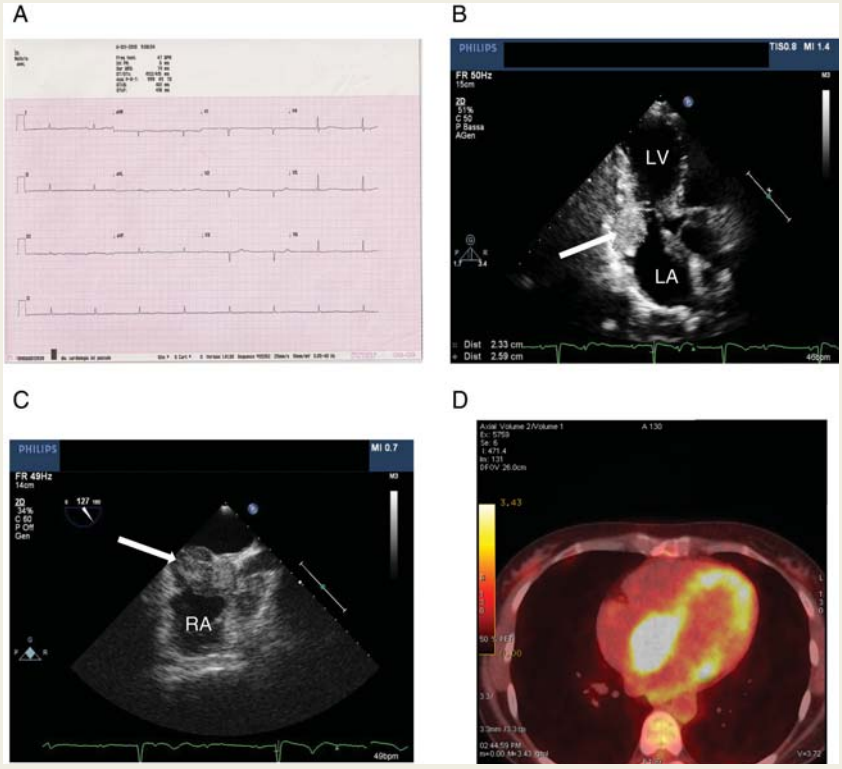

Malignant melanomas likely metastasize to the heart. We report a complete atrioventricular (AV) block in a 47-year-old woman with intracardiac metastases from malignant melanoma. She had a previous history of melanoma and is regularly followed by our Institution. A 12-lead electrocardiogram during routine cardiological follow-up showed a complete AV block, with a heart rate of 47 bpm (*Panel A*). She only presented with very mild dyspnoea or fatigue (NYHA II), with normal blood pressure, but a transthoracic echocardiographic exam showed masses (arrows) at the level of the interatrial septum, protruding into the right atrium (RA); in the left atrial wall (*Panel B*), extending beyond the mitral valve in the left ventricular (LV) posterolateral wall. A transoesophageal echocardiogram evidenced the RA mass at the inflow of the superior and inferior venae cavae in the RA (*Panel C*; see Supplementary material online, *Video S1*). A positron emission tomography (PET)–computed tomography showed an increase in glucose metabolism at the level of cardiac focuses in the interatrial septum, of the basal portion of the interventricular septum, and in the apex of the LV septum (*Panel D*). Considered the poor prognosis due to advanced melanoma, since the patient never experienced dizziness or syncope, the heart rate was higher than 40 bpm, a pacemaker was not implanted, and no biopsy of the masses was performed, since the echo and PET images were very suggestive. She will continue to be followed by our Institution; at the moment she has been addressed to ipilimumab compassionate use programme. After three cycles, she developed automimmune thyroiditis as treatment toxicity.

Supplementary data are available at *European Journal of Echocardiography* online.