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Optimal tactics of diagnosis and surgical treatment of nonmyxomal heart tumors.

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In cardiac surgery, the frequency of diagnosis of heart tumors can reach 1.9% of the total number of hospitalized patients. Clinical manifestations are manifested mainly in the late stages of the disease, and may mimic other heart diseases. Among heart tumors, morphologically benign neoplasms are defined as more than 80%. The prognosis for this pathology without surgical treatment is considered pessimistic. The purpose of the study is to optimize the tactics of diagnosis and surgical treatment of patients with non-myxoma tumors of the heart (NTH).

Material and methods. At the Amosov National Institute of Cardio-Vascular surgery of the Academy of Medical Sciences of Ukraine, for the period from January 1, 1969 to January 1, 2021, 976 interventions were performed for heart tumors. Myxomas of the heart were detected in 868 (88.9%) cases.

Nonmyxoma benign tumors of the heart (NBTH) were diagnosed in 37 (3.8%) cases, malignant tumors - in 69 (7.1%). Rhabdomyomas were diagnosed in 8 (21.6%) cases, in 8 (21.6%) - hemangiomas, in 10 (27%) - papillary fibroelastomas, fibroids - in 4 cases (10.8%), in 3 (8, 6%) cases were lipomas and leiomyofibromas; and in 1 (2.7%) case there was an immature teratoma. The age of patients ranged from 1 day to 67 years (average 35.4 ± 4.3 on average).

Of the 69 non-myxoma malignant tumors of the heart (MTH) in the first place there was angiosarcoma, which amounted to 23 cases (34.2%). Rhabdomyosarcoma was detected in 9 (13.4%) patients, leiomyosarcoma was detected in 7 (10.4%) cases, myxosarcoma - in 6 (9%) patients, fibrosarcoma - in 6 (9%) patients, low differentials. Sarcoma - in 5 (7.5) chondrosarcoma - in 2 (3.0%). Malignant histiocytoma was detected in 4 (6%) patients, chondrosarcoma - in 2 (3.0%) patients. Liposarcoma, lymphoma, mesothelioma were detected in 1 (1.5%) cases, metastatic heart disease - in 2 (3.4%) cases.

In each case diagnosis and differential diagnosis was different. Arrhythmias, hemodynamic disorders, embolic manifestations, and other individual symptoms of the disease were observed. Surgical treatment of NTH was directed at radical removal of the tumor and correction of hemodynamics. A number of patients underwent additional manipulations, such as plastic corrections of the valves and walls of the chambers of the heart and large vessels, as well as prosthetic valves.

At surgical treatment of NDPS hospital lethality made 2,7% (1 case). Recurrences of the disease in the first years after surgery were not detected.

In the surgical treatment of runaway hospital mortality was 19.4% (13 patients died).

During the last 20 years, 506 operations were performed in the treatment of mixomas without fatal consequences. Survival for up to 20 years was 79.7%. Recurrences of myxoma were found in 2.1% of patients.

Conclusions. Diagnosis and differential diagnosis of malignant tumors of the heart is difficult, using CT and MRI with a special program, and puncture biopsy with CT navigation. The variety of clinical manifestations is of great importance in the examination and diagnosis of patients with non-myxoma tumors of the heart, as well as the variety of complications in the surgical treatment of patients with this pathology. In the surgical treatment of nonmixed heart tumors requires an individual approach in each case, which is especially true for malignant heart tumors.