A 59-year-old man presented with persistent fever and macroscopic hematuria. He had no pertinent medical history. Computerized tomography (CT) of the abdomen showed a 5-cm lesion in the right lobe of the liver consistent with carcinoid tumor on biopsy. He underwent successful partial hepatectomy. Three years later he was hospitalized with severe diarrhea and fever of 39.4°C. He was treated with empiric antibiotics and had transient symptomatic resolution. The patient’s diarrhea soon recurred, with laboratory investigations showing elevated serum chromogranin and serotonin levels suggestive of carcinoid syndrome. Cardiopulmonary examination at the time was unremarkable and no palpable lymph nodes were detected. A CT was consistent with ileitis, and a new 4-mm liver lesion was identified.

The patient was treated with octreotide for metastatic carcinoid syndrome. Restaging magnetic resonance at 3 months showed progression of liver metastases. A 12-mm high signal lesion on delayed enhancement was seen adjacent to the papillary muscle of the myocardium (Figure 1). This was consistent with cardiac carcinoid. Ga68 Dotatate positron emission tomography/CT showed increased uptake in the left ventricle, liver, and uncinate process of the pancreas (Figure 2). Surgical resection was precluded and the patient was treated with radioactive octreotide.

Approximately half of the patients diagnosed with carcinoid syndrome develop carcinoid heart disease that typically manifests with right-sided valvular lesions. Left-sided lesions are far less common.1 Although cardiac carcinoid is associated with a decreased 3-year survival, medical therapy with somatostatin can stabilize tumor growth for a duration of 8 to 16 months.2

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