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**Title:** An unusual diagnostic tool in metastatic bronchogenic carcinoma: Peripheric embolectomy

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**Body:** Heart may rarely be affected by primary or secondary tumors. Rarely, arterial tumor embolization may be first and/or most important issue during the course of the tumor. Most common sites of arterial tumor occlusions are common femoral and popliteal arteries. A 77-year-old-man admitted with chest pain and cough. Thoracic computed tomography revealed a heterogenous ill-defined mass originated from left upper lobe bronchus extending and invading hilar structures. Fiberoptic bronchoscopy revealed an endobronchial lesion on the orifice of lingular bronchus. In PET/CT, increased FDG uptake of satellite lesion on upper lobe destructing the fourth rib posteriorly, and probably metastatic mass invading left ventricle of the heart were conspicuous.

Echocardiography confirmed an intracardiac mobile mass, implanted to the lateral wall. On the 10<sup>th</sup> day, cyanosis of the right arm developed. It was due to right brachial artery occlusion confirmed by angiography. Urgent embolectomy was performed and clott specimens were sampled. Histopathological examination of embolectomy material showed atypic squamous cells, thus final report was metastatic lung cancer. Arterial embolization highlights the advanced disease, poor prognosis with significant co-morbidity. Embolectomy is often enough for symptomatic relief. This unique case illustrates the quite rare occurrence of peripheric tumor embolization originated from metastatic heart disease.