

Autoimune bolesti i tumorska masa lijevog atrija – ishod i moguće poveznice

Autoimmune disease and left atrium tumor – outcome and possible connection

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Uvod: Prema dosadašnjoj literaturi¹⁻³, sistemske autoimune bolesti povezane su s većim rizikom za razvoj malignih bolesti. Taj rizik proizlazi iz autoimunih učinaka koji se nalaze u podlozi ovih bolesti, ali i lijekova koji se koriste u njihovom liječenju.

Prikaz slučaja: Prikazana je bolesnica (rođena 1967. godine), višegodišnja liječena hipertoničarka sa simptomima zaduhe i intolerancije napora unazad 2 tjedna, uz ranije poznate i aktivno liječene autoimune bolesti: tireopatiju i Sindrom preklapanja. Nakon učinjene kompletne kardiološke obrade, za istaknuti je bio nalaz transtorakalnog ultrazvuka srca kojim se prikaže velika tumorska tvorba koja ispunjava lijevi atrij i u dijas-toli prolabora u lijevi ventrikul, što se potvrdi i nalazom transezofagijskog ultrazvuka srca te CT toraksa. Potom je bolesnica uspješno operirana na kardijalnoj kirurgiji. S obzirom da su najčešće intrakardijalne tvorbe primarni (benigni ili maligni) tumori, metastatski tumori, trombi ili vegetacije, presudno je bilo dočekati PHD nalaz koji je u ovom slučaju potvrdio dijagnozu miksoma lijevog atrija. Iako u literaturi do sada nije opisana jasna poveznica između autoimunih bolesti i benignih tumora, zanimljivo je da se kod bolesnice nakon operativnog zahvata pratio značajan pad markera autoimunih bolesti u laboratorijskim nalazima (osobito CCP) koji su do sada unatoč liječenju bili godinama pozitivni.

Introduction: According to the literature¹⁻³, systemic autoimmune diseases are associated with an increased risk of developing malignant diseases. This risk arises from the immune effects of autoimmune combined with drug treatment for autoimmune disease.

Case report: This case shows a 51-year-old female patient who presented with dyspnea and exercise intolerance in last two weeks, with medical history of long-term treated hypertension and autoimmune diseases: thyreopathy and overlap syndrome. During cardiological assessment transthoracic echocardiography showed large tumor formation that filled left atrium and protruded to the left ventricle in diastole, which was confirmed by transesophageal echocardiography and thoracic CT. After complete cardiological treatment, the patient was successfully operated at the Department of Cardiac Surgery. PHD report confirmed diagnosis of myxoma. It was the most important since the most common intracardiac formations are primary (benign or malignant) tumors, metastatic tumors, thrombus or vegetation. Although there is no clear connection between autoimmune diseases and benign tumors, it is interesting to see significant reduction of immune markers in laboratory labs (especially CCP) following surgery.

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