Desnostrano srčano popuštanje uzrokovano medijastinalnim limfomom koji infiltrira desni atrij i ventrikul

Right-sided heart failure caused by a mediastinal lymphoma infiltrating the right atrium and ventricle

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Uvod: Primarni srčani limfomi vrlo su rijetki, te predstavljaju samo 0,5% svih limfoma i 1-2% svih tumora srca. Češća je tumorska infiltracija srca i javlja se u 10-20% svih limfoma. Sekundarni kardijalni limfomi najčešće zahvaćaju perikard, a zatim miokard. Simptomi bolesnika temelje se na području zahvaćenog dijela srca.

Prikaz slučaja: 79-godišnja žena je hospitalizirana zbog osjećaja nedostatka zraka, umora i edema donjih ekstremiteta. Transtorakalni ehokardiogram (TTE) pokazao je masu koja infiltrira miokard desnog atrija i desne klijetke te uzrokuje tešku sistoličku disfunkciju desne klijetke (TAPSE 5 mm, s'0.05 m/s). Torakalni CT (kompjutorizirana tomografija) pokazao je masu u prednjem medijastinumu, dimenzija 5 x 7,5 cm sa zahvaćanjem miokarda desnog atrija i ventrikula. Urađena je biopsija vođena endobronhalnim ultrazvukom (EBUS) i uzorci tkiva potvrdili su dijagnozu difuznog B velikostaničnog limfoma (DLBCL) medijastinuma. Infiltracija koštane srži nije postojala. Pacijentica je prezentirana hematologu te je započeto liječenje imunokemoterapijom (R-CEOP), a simptomi bolesnice znatno su se poboljšali tijekom liječenja. Kontrolni torakalni CT pokazao je da je masa nakon 4 ciklusa terapije znatno smanjena, dimenzija 2,1 x 6,2 cm. Kontrolni TTE pokazao je tek umjereno zadebljanje miokarda desnog atrija i desne klijetke (14 mm širine), s normalnom sistoličkom i dijastoličkom funkcijom desnog ventrikula (TV E/A -1.4).

Zaključak: U ovom slučaju bolesnica je pokazivala znakove i simptome desnostranog srčanog popuštanja zbog infitrirajuće mase medijastinuma. Histološkom analizom se potvrdila dijagnoza DLBCL medijastinuma. Pacijentica je liječena imunokemoterapijom, njezini su se simptomi poboljšali, a do kraja liječenja bila je asimptomatska. Većina literature opisuje bolesnike s rjeđim primarnim srčanim limfomom.[1-3] Infiltracija miokarda desnog atrija i ventrikula kao izravnog produžetka intratorakalne tumorske mase u bolesnice rezultiralo je oštećenjem sistoličke funkcije desnog srca, kao prvim simptomom bolesti, koji je u potpunosti riješen primijenjenim liječenjem.

Introduction: Primary cardiac lymphomas are very rare, representing only 0.5% of all lymphomas and 1-2% of all heart tumors. Cardiac involvement from systemic lymphomas is more common, comprising 10-20% of all lymphomas. Secondary cardiac lymphomas most frequently affect the pericardium, and then the myocardium. The patient's symptoms are based on the area of cardiac involvement.

Case report: 79-year-old women was hospitalized due to shortness of breath, fatigue, and lower extremity edema. A transthoracic echocardiogram (TTE) showed a mass infiltrating the myocardium of the right atrium and the right ventricle causing systolic dysfunction of the right ventricle (TAPSE 5 mm, s'0.05 m/s). A thoracic computed tomography (CT) showed a mass in the anterior mediastinum, measuring 5 x 7.5 cm infiltrating the myocardium of the right atrium and ventricle. An endobronchal ultrasound (EBUS) guided biopsy was performed and tissue samples confirmed the diagnosis of diffuse large B cell lymphoma (DLBCL) of the mediastinum, bone marrow infiltration was nonexistent. Immunochemotherapy treatment (R-CEOP) was started and the patient's symptoms significantly improved during the course of treatment. A follow-up thoracic CT showed that the mass had significantly reduced in size after 4 cycles of therapy, and now measuring 2.1 x 6.2 cm. A control TTE showed only moderate thickening of the right atrium and right ventricle myocardium (14 mm in width), with a normal systolic and diastolic RV function (TV E/A – 1.4).

Conclusion: In this case, the patient presented with signs and symptoms of right heart failure due to an infiltrating mass. Histology confirmed diagnosis of a DLBCL of the mediastinum. The patient was treated with immunochemotherapy, her symptoms improved, and by the end of treatment she was asymptomatic. The majority of the literature details patients with the rarer primary cardiac lymphoma.[1-3] The involvement of the right atrium and ventricle as a direct extension from an intrathoracic tumor mass in our patient resulted in a heavily impaired right heart systolic function, as a first symptom of the disease, and was completely resolved with treatment.

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