Difuzni B velikostanični limfom perikarda: prikaz slučaja

Diffuse large B cell pericardial lymphoma: a case report

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Uvod: Difuzni B velikostanični limfom (DLBCL) agresivni je i brzo rastući oblik limfoma. Limfom srca je rijetki tumor srca i još rjeđe ekstranodalno sijelo limfoma, a od tih je najčešći oblik DLBCL.[1-3] Prikazujemo slučaj 85-godišnje žene s limfomom manifestiranim perikardijalnim izljevom.

Prikaz slučaja: 85-godišnja bolesnica sa simptomima zaduhe te bolovima u prsištu koji su počeli toga dana primljena je na kardiološku kliniku. Tjedan dana pred prijem dijagnosticirana joj je fibrilacija atrija nepoznatog trajanja te je uvedena terapija varfarinom i bisoprololom. Ehokardiografski se pronađe kružni perikardijalni izljev širine do 20 mm uz stražnju stijenku, bez znakova prijeteće tamponade. MSCT toraksa, abdomena i zdjelice su bili, osim izljeva, bez patoloških nalaza. U laboratorijskim nalazima prisutan je M-protein i IgM/kappa. Laboratorijska obrada za autoimunosne bolesti bila je negativna. Na kontrolnom pregledu, nakon 3 tjedna, ehokardiografski se utvrdi progresija perikardijalnog izljeva do 29 mm, uz pogoršanje kliničkog statusa u smislu progresije dispneje, edema gležnjeva, bolova u prsištu te noćnog preznojavanja. Citodijagnostički je iz punktata utvrđen DLBCL s plazmastaničnom diferencijacijom što je potvrđeno i biopsijom koštane srži. Slikovnom dijagnostikom ne nalazi se limfadenopatije ni hepatosplenomegalije. Limfom je klasificiran kao stadij IVB po Ann Arbour klasifikaciji. Započeto je liječenje prema protokolu R-CEOP. Nakon 4 ciklusa terapija kontrolnim ultrazvukom ne nalazi se perikardijalnog izljeva. Bolesnica je liječena s ukupno 8 ciklusa terapije R-CEOP te je kontrolnom obradom dokazana kompletna remisija bolesti. Bolesnica se redovno klinički te je na posljednjoj kontroli bez znakova relapsa bolesti.

Zaključak: Novi kemoterapijski protokoli povećali su značajno preživljenje i izlječenje ovog tipa agresivnog limfoma. Klinička prezentacija je često nespecifična sa širokim rasponom diferencijalno dijagnostičkih mogućnosti. Kako je ekstranodalno srčano zahvaćanje prognostički znak lošijeg ishoda, potrebno je uložiti napore da se takvi oblici malignih bolesti prepoznaju i dijagnosticiraju u što skorijem roku, nužnom za povoljniji terapijski ishod.

Introduction: Diffuse large B cell lymphoma (DLBCL) is an aggressive and fast-growing type of lymphoma. Cardiac lymphoma is a rare cardiac tumor and an even more rare extranodal site of lymphoma, of which the most common type is DLBCL.[1-3] We report a case of an 85-year-old female patient with pericardial lymphoma presenting with persistent effusions.

Case report: 85-year-old female patient presented with sudden onset chest pain and dyspnea. A week before she was diagnosed with atrial fibrillation and warfarin and bisoprolol therapy was started. Echocardiography showed a circular pericardial effusion up to 20 mm thickness with no signs of impending tamponade. Thoracic, abdominal and pelvic CT showed no pathology, apart from the effusion. Laboratory tests showed a suspected M-protein and IgM/kappa through serum protein electrophoresis. A 3-week follow-up revealed a progression in effusion volume (29 mm) and symptoms exacerbation with ankle edema, chest pain and night sweats. Cytological analysis of an effusion sample verified DLBCL with plasma cell differentiation. The same was confirmed by bone marrow biopsy. Imaging showed no signs of lymphadenopathy or hepatosplenomegaly. Lymphoma was staged as Ann Arbour IVB and IRI 3. Therapy was initiated according to the R-CEOP protocol. After 4 therapy cycles echocardiography showed no signs of effusion. A total of 8 therapy cycles were administered and a control work-up showed total remission of the disease.

Conclusion: New therapeutic protocols for this type of aggressive lymphoma have significantly improved patient survival rates. Clinical presentation is usually unspecific with a wide differential diagnosis. Given that extranodal and cardiac involvement is a negative prognostic sign for patient survival, efforts are warranted to improve the time to diagnosis and therapy initiation necessary for a favorable outcome.

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