

ANTICANCER RESEARCH

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CARDIAC MALIGNANT NON HODGKIN LYMPHOMA: A CASE REPORT

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The incidence of secondary cardiac lymphoma ranges from 9% to 24%; however cardiac involvement by lymphoma is suspected rarely before autopsy. Early diagnosis of cardiac involvement is essential because patients may respond to chemotherapy or combined radiation and chemotherapy. The Authors report a case of secondary cardiac malignant lymphoma clinically simulating acute myocardial infarction at the electrocardiogram. A 76 year old man with a history of resected tonsillar lymphoma died of acute cardiac episode

despite the intensive care. At autopsy there were no involvement of other sites than cardiac. Grossly were found three nodular lesions, two located in the left ventricle, the first of 23 mm, intramural in the lateral wall, the second of 20 mm, subepycardial and intramural in the posterior wall. The third lesion, intramural of 15 mm was located in the "crista terminalis" of right atrium. Histological and immunohistochemical examination of heart samples, including conduction system, demonstrated the neoplastic cells to be of B lymphocytic clone. A diagnosis of non Hodgkin lymphoma, diffuse large cell type (G, Working Formulation), diffuse centroblastic (Kiel) was made. Vascular embolism and neuronal-gangliar infiltration were seen. There was no evidence of acute myocardial infarction despite clinical signs and symptoms. The Authors believe that the cause of death of this patient was due in part to diffuse invasion of the myocardium by lymphoma cells, supported by the electrocardiographic pattern, in part to the involvement of sinoatrial-node and cardiac intrinsic nervous system, causing conduction disturbances. The way of spread was haematogenous, lumen of coronary vessels was invaded by tumor, but also venous permeation and neuronal and gangliar infiltration were seen.

This study suggests that a cardiac involvement must be suspected in patients with lymphoma who present a cardiac symptomatology.