

Neočekivani ehokardiografski nalaz kod bolesnika s non-Hodgkin limfomom – asimptomatski miksom

Unexpected echocardiographic findings in patients with non-Hodgkin's lymphoma – asymptomatic myxoma

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Uvod: Primarni tumori srca predstavljaju rijedak nalaz na obdukciji 0,001-0,03%, a istovremeno predstavljaju važnu skupinu kardiovaskularnih bolesti. Miksomi atrija predstavljaju najčešće primarne tumore srca. U 20% slučajeva miksomi u asimptomatski i predstavljaju neočekivani nalaz.^{1,3} Ultrazvuk srca predstavlja idealnu inicijalnu dijagnostičku, slikovnu metodu koja je neinvazivna, široko dostupna, niskih troškova. Oboljeli se prezentiraju najčešće s kardijalnim simptomima kao što su simptomi srčanog zatajivanja ili opstrukcije mitralne valvule. Također se mogu prezentirati neurološkim smetnjama ili sistemskim simptomima. Predstavljamo slučaj s pojavom asimptomatskog miksuma kod bolesnika s non-Hodgkin limfomom, koji je dijagnosticiran transtorakalnim ultrazvukom srca (TTE).

Prezentacija slučaja: Muškarac u dobi od 72 godine naručen na TTE radi procjene sistoličke funkcije lijeve klijetke u sklopu pripreme za hematološko liječenje, imunokemoterapiju ranije dijagnosticiranog non-Hodgkin limfoma plaštene zone. Negirao tegobe od strane srca, bolove u prsištu, dispneju, palpitacije i gubitak svijesti. TTE-om se verificira tumorska masa u lijevoj pretklijetki koja za vrijeme diastole prolabira u lijevu klijetku. Transezofagusni uzv srca (TEE) je potvrdio prisutnost tumorske mase, dimenzija 2,1x3,9 cm koja potiskuje stražnji mitralni kuspis i pritom uzrokuje posljedičnu blagu mitralnu regurgitaciju (slika 1). Bolesnik je podvrgnut kardiokirurškom zahvatu i pritom je odstranjena tumorska masa. Patohistološka dijagnoza potvrdila je postojanje velikog miksuma 4x2x2 cm, građenog od miksoidnih stanica bez značajne atipije, s nešto krvarenja i fibrina. Kontrolni TTE nakon operativnog zahvata pokazao je nedilatiranu lijevu pretklijetku bez značajne mitralne regurgitacije. Bolesnik je i dalje pod kontrolom hematologa i planira se započinjanje hematološkog liječenja.

Zaključak: Ehokardiografija predstavlja najčešće korištenu dijagnostičku metodu za detekciju miksuma. TEE predstavlja superiorniju metodu u odnosu na TTE, adekvatnije se vizualizira odnos srčanih šupljina i tumorske mase i važna je u planiranju operativnog zahvata. Povremene ehokardiografske kontrole također su nužne u utvrđivanju mogućeg recidiva miksuma.

Introduction: Primary cardiac tumours are rare with an autopsy frequency of only 0.001-0.03%, they represent an important group of cardiovascular abnormalities. Atrial myxoma is the most common primary cardiac tumor. In about 20% cases, myxomas are asymptomatic and are discovered as an incidental finding.^{1,3} Echocardiography is an ideal initial imaging modality since it is simple, non-invasive, widely available, and low cost. Patients with atrial myxoma typically present with cardiovascular symptoms such as heart failure and mitral valve obstruction. They can also present with neurologic deficits or systemic symptoms. We report case of asymptomatic cardiac myxoma in patient with non-Hodgkin lymphoma, which were diagnosed by means of transthoracic echocardiography (TTE).

Case presentation: 72-year-old man presented in echocardiography laboratory to assess left ventricular systolic function in preparation for hematological treatment, immunochemotherapy, previously diagnosed lymphoma non-Hodgkin B mantle cell. He was asymptomatic, and specifically denied chest pain, dyspnea, palpitation, and syncope. TTE verified mobile cardiac mass in the left atrium, which protrude into the left ventricle during diastole. Transesophageal echocardiography (TEE) confirmed the existence of the cardiac mass, overall dimensions 2.1x3.9 cm, which pushes the posterior mitral leaflet, and consequently causes a mild mitral regurgitation (Figure 1). The patient underwent cardiac surgery, and cardiac masses was removed. Pathological examination confirmed: large mass 4x4x2 cm, myxoma. Histological mass of built of myxoid structures without significant atypia, the mass was found some bleeding and fibrin. Control TTE after surgery, showed a non-dilated left atrium, without significant mitral regurgitation. The patient is still under the control of hematologists, plans to initiate further haematological treatment.

Conclusion: Echocardiography represent the most commonly used and accurate diagnostic tool for the diagnosis of cardiac myxomas. TEE provides very useful information, and is superior to TTE in fully demonstrating the relationship between cardiac mass and the cavity wall, and also for the planning of surgery. Periodic echocardiographic control is necessary to detect possible recurrence myxoma.

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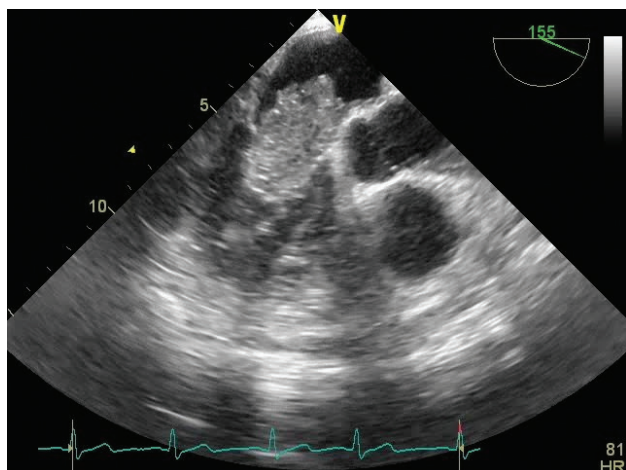


FIGURE 1. A transesophageal echocardiogram – polypoid cardiac mass in the left atrium, which protrude into the left ventricle depending on the phase of the cardiac cycle.

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