

Rare and Massive Cardiac Invasion of Malignant Lymphoma

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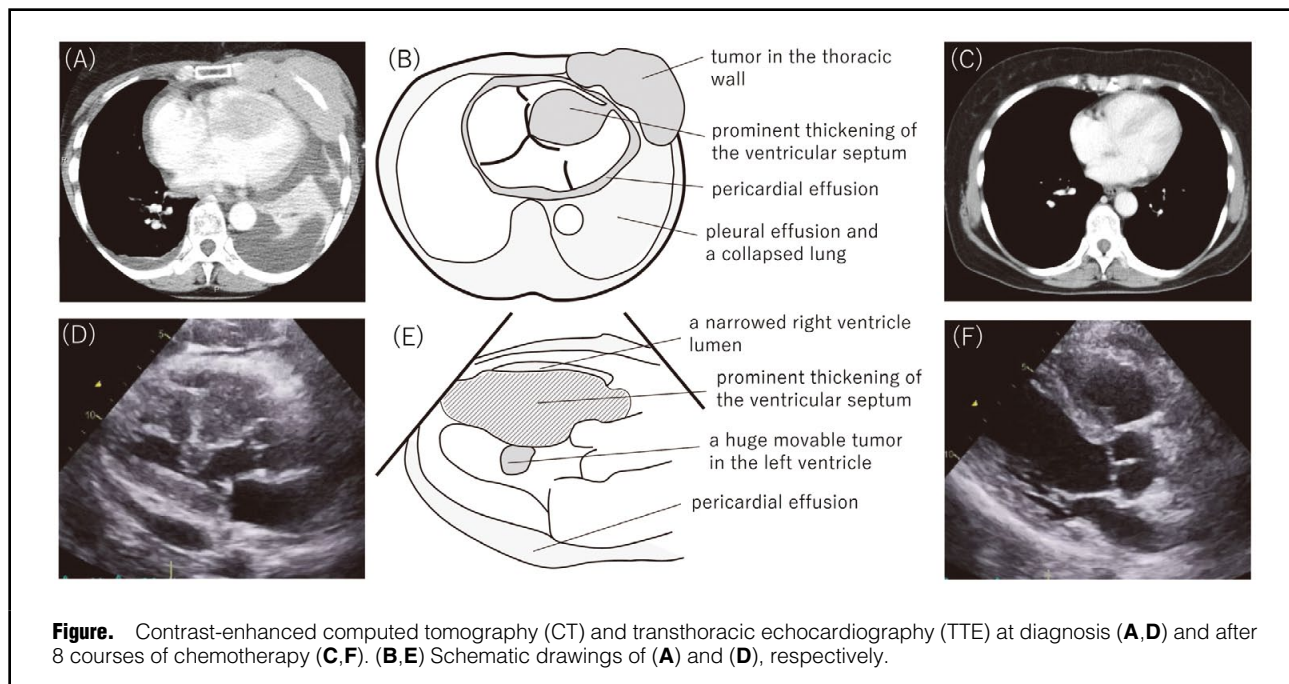


Figure. Contrast-enhanced computed tomography (CT) and transthoracic echocardiography (TTE) at diagnosis (A,D) and after 8 courses of chemotherapy (C,F). (B,E) Schematic drawings of (A) and (D), respectively.

A 62-year-old woman was admitted to The Jikei University Kashiwa Hospital because of chest pain. Contrast-enhanced computed tomography (CT) showed a tumor in the thoracic wall, which was diagnosed on the basis of biopsy findings as diffuse large B-cell lymphoma (DLBCL). CT also showed a poorly contrasted area in the ventricular septum wall (Figure A). Transthoracic echocardiography (TTE) showed prominent thickening of the ventricular septum, a huge movable tumor in the left ventricle, and pericardial effusion (Figure D; Supplementary Movie). These findings suggested invasion of the DLBCL

to the heart. Because the lumen of the right ventricle had narrowed severely, crystalloid solution was infused intravenously to maintain stable hemodynamics, particularly through therapy. An electrocardiogram showed only complete right bundle branch block, which remained after therapy. R-EPOCH (rituximab, etoposide, prednisolone, vincristine, cyclophosphamide, and doxorubicin) was chosen as first-line therapy because the continuous intravenous infusion used in R-EPOCH may minimize the risk of tumor lysis syndrome and the risk of doxorubicin-induced cardiac toxicity compared with bolus infusion of

Received June 17, 2020; accepted June 17, 2020; J-STAGE Advance Publication released online July 30, 2020 Time for primary review: 1 day

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ISSN-2434-0790



R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone).¹ After the patient completed 8 courses of chemotherapy, there were marked improvements in the tumor in the thoracic wall and in the TTE findings (**Figure C,F**).

In conclusion, we experienced a case of DLBCL with massive cardiac invasion, and chemotherapy proved to be extremely effective.

Disclosures

M.Y. is a member of *Circulation Reports*' Editorial Team.

Reference

1. Gutierrez M, Chabner BA, Pearson D, Steinberg SM, Jaffe ES, Cheson BD, et al. Role of a doxorubicin-containing regimen in relapsed and resistant lymphomas: An 8-year follow-up study of EPOCH. *J Clin Oncol* 2000; **18**: 3633–3642.

Supplementary Files

Supplementary Movie. Transthoracic echocardiography (TTE) at diagnosis showed prominent thickening of the ventricular septum, a huge movable tumor in the left ventricle, and pericardial effusion.

Please find supplementary file(s);
<http://dx.doi.org/10.1253/circrep.CR-20-0066>