

Effect of steroid on cardiac arrhythmia induced by primary cardiac lymphoma

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Primary cardiac lymphoma(PCL) is a rare tumor that comprises <2% of all primary cardiac tumors. Clinical features of PCL include cardiac arrhythmia due to invasion of the conduction system. This report illustrates AV block caused by PCL and progression to torsade de pointes which was successfully managed with pre phase steroid therapy. A 73-year-old man was admitted to hospital for dyspnea which lasted for 20 days. Cardiac CT and chest CT showed infiltrating mass at myocardium involving right atrium and ventricle. Electrocardiogram(ECG) showed junctional rhythm. He started to feel dizziness 10 hours after admission and telemetry ECG showed repetitive torsade de pointes, so temporary pacemaker insertion was performed. Transthoracic echocardiography revealed echogenic mass at myocardium and FDG-PET showed increased uptake at the mass along with focal hypermetabolic lesion at left back muscle, of which the possibility of metastasis could not be excluded. Ultrasonography guided gun biopsy was done at the nodule at the back muscle and CD 20+ diffuse large B-cell lymphoma was confirmed by immunohistochemical studies on hospital day(HD)10. "B symptoms", such as fever and night sweats were observed since HD3 and intravenous steroid was thought to improve these symptoms, so we administered intravenous dexamethasone daily from HD 3 before PCL was officially diagnosed. Symptoms improved dramatically and ECG showed restoration of AV conduction and shortening of PR interval. After the diagnosis of PCL, combination chemotherapy (R-CHOP [rituximab, cyclophosphamide, anthracycline, vincristine, and prednisone]) was started on HD11 by a hematologist. After the 1st cycle of chemotherapy, ECG showed a sinus rhythm with a shortened PR interval so temporary pacemaker was removed on HD16. His general condition was well enough to be discharged on HD20. This case indicates that early steroid therapy may help yield remission of arrhythmia. However, since steroid treatment before biopsy may adversely affect pathological accuracy, interdisciplinary approach consisting of hematologists and cardiologists is required before administration of pre phase steroid for PCL.

