Successful Treatment of Cardiac Lymphoma

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A 72-year-old man presented to our hospital with a one-month history of chest pain and dyspnea. Electrocardiography performed on admission showed atrial fibrillation, and a chest X-ray demonstrated a large mass in the thoracic cavity (Picture 1).

Contrast-enhanced CT of the chest confirmed the presence of the large mass, with tumor infiltration in the right atrial wall (Picture 2).

An open biopsy was performed, which showed histological findings of CD20-positive abnormal lymphocytes with large nuclei exhibiting apoptosis (Picture 3). Therefore, the patient was diagnosed with diffuse large B-cell lymphoma (DLBCL) (clinical stage 3B, IPI score high).

Treatment with rituximab and THP-adriamycin, cyclo-
phosphamide, vincristine, prednisolone (THP-COP) therapy was commenced (1). A contrast-enhanced CT scan performed after two cycles of treatment subsequently showed marked tumor regression (Picture 4); therefore, the patient was discharged from the hospital.

Cardiac malignant lymphoma is extremely rare, accounting for only 1.3% of cardiac tumors (2), and there is no consensus as to treatment. In the current case, the patient underwent an additional four cycles of therapy at another hospital after being discharged from our hospital; however, he ultimately died of gastric cancer.

The authors state that they have no Conflict of Interest (COI).

References