

CARDIOVASCULAR COMPLICATIONS SECONDARY TO CHEMOTHERAPY IN AGGRESSIVE NONHODGKIN LIMPHOMAS.

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INTRODUCTION

The non-Hodgkin lymphoma is a malignant cell proliferation. The starting point is affecting lymphoid tissue B cells and T In aggressive NHL, most often encountered chemotherapy, according to protocol, is multi-agent CHOP (Cyclophosphamide, Doxorubicin, Vincristine, Prednisone) in combination with monoclonal antibodies (rituximab).

PURPOSE

The purpose of the study is tracking secondary cardiovascular complications that arise polichimiotherapy type CHOP and R-CHOP respectively.

METHODS

We conducted a retrospective study on a group of 47 patients from Timisoara Hematology Clinic, with non-Hodgkin lymphoma highly malignitate, during 01.2010-02.2015. The diagnosis was based on clinical features, histopathological, immunohistochemical exams , bone marrow aspirate, cytogenetics and radiological investigations. (radiography, CT scan).

RESULTS

Of the 47 patients, age incidence is highest between 40-60 years 48.94%, followed by 31.91% between 60-80 years and 19.15% between 20-40% are women ani.57.45 , 42.55% men; 44.68% alive, 55.32% died. Of the 47 patients, cardiovascular complications that arise after treatment, 29.79% had hypertension, ischemic heart disease 19.15%, 6.38% heart failure, 4.25% thrombosis, arrhythmias type atrial fibrillation, right bundle branch block. and 2% valvular type mitral regurgitation and aortic

CONCLUSION

Cardiovascular complications that occurred after treatment according to the protocol CHOP and R-CHOP that are in the forefront hypertension, ischemic cardiomyopathy and heart failure.