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.

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