

Cardiovascular disease burden in Hodgkin lymphoma survivors

In developed countries, lymphomas are the third most frequent tumors among the pediatric cancers following leukemias and central nervous system tumors. With substantial increase in survivors of Hodgkin lymphoma (HL), late complications of treatment have become extremely important. Cardiotoxic chemotherapeutic agents and involved field radiotherapy are commonly associated with a variety of cardiovascular complications (CVC) including cardiomyopathy, pericardial effusion, congestive heart failure, constrictive pericarditis, coronary artery disease, valvular heart disease and arrhythmias. Myocardial infarction and early deaths have even reported at young ages after HL treatment. Although it is difficult to determine the real incidence of heart diseases in population treated for HL, an increased risk for CVC has been found among HL survivors, 5 to 10 years after treatment and coronary artery disease accounted for most of the risk.

Because of the vital importance of diagnosing and treating any kind of CVC at an early stage, guidelines for the following-up of the survivors of HL have been published especially for the patients treated in pediatric age group who are under greater risk for CVC. Serial follow-up including screening for valvular disease with tissue Doppler imaging and coronary artery disease with computed tomography angiography and coronary artery calcium scoring, should be undertaken for the survivors of HL who have been treated with cardiotoxic chemotherapeutic agents and/or mediastinal radiotherapy.

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