

Letter to the Editor



The Long Journey of Cardiac Lymphoma Follow-up

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Conflict of Interest

The authors have no financial conflicts of interest.

Author Contributions

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► See the article “A Long Journey to the Truth: Primary Cardiac Lymphoma with Various Arrhythmias from Ventricular Tachycardia to Atrial Flutter” in volume 50 on page 374.

We are very thankful to Kim et al for their work.¹⁾ For the patient, the journey to survival was a long one. As the authors say—and is also our experience—it is a rare condition. It can certainly have a wide variety of confounding presentations such as chest pain²⁾ and atrioventricular block.³⁾ We have invariably found it devastating for the patients and a huge challenge for, firstly, establishing the diagnosis and, secondly, ensuring appropriate follow-up. For establishing diagnosis, a multimodality approach—as undertaken in this case—is invariably helpful.⁴⁾

For follow-up purposes, we have previously found fluorodeoxyglucose (FDG)-positron emission tomography (PET) more consistently helpful to differentiate functioning and viable tumour, especially when anatomical imaging modalities such as magnetic resonance imaging and transthoracic echocardiogram show residual tissue abnormality but it is unclear if that tumour is active.⁵⁾ In this regard, we were surprised that the follow-up imaging showed near-normalisation on transthoracic echocardiography but not on FDG-PET. What do the authors postulate to explain this outcome, which we—and other readers, we are sure—would find surprising?

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