

# Advancing Health

**A CASE STUDY** from MedStar Heart & Vascular Institute

## Multidisciplinary Approach for Primary Cardiac Lymphoma

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### Abstract

A woman previously treated for pericardial effusion subsequently developed primary cardiac lymphoma in the basal portion of her heart. Multidisciplinary image review and coordination prior to biopsy sampling allowed the immediate initiation of proper treatment based on the results, including a post-procedure bone marrow biopsy that proved negative for lymphoma. An EPOCH chemotherapy regimen combined with rituximab immunotherapy produced complete regression of the tumor, with no subsequent recurrence.

# CASE STUDY

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### Patient Presentation

- A 76-year old male with asymptomatic persistent atrial fibrillation presented for clinical evaluation after a recent hospitalization for GI bleed. Patient was previously treated with warfarin, and noted to have a therapeutic INR (2.2) at admission.
- Patient was transfused and underwent endoscopy which failed to reveal a clear source of bleeding.
- Patient was discharged on Xarelto 15mg once a day.

### Assessment

- Patient has non-valvular atrial fibrillation with a high risk of stroke based upon a CHA2DS2VaSC score of 3.
- Full-dose oral anticoagulation is required, but patient remains a poor candidate for long-term oral anticoagulation.
- Treatment strategies involving aspirin, clopidigrel, or sub-therapeutic dosing of novel oral anticoagulants are insufficient and should be avoided.
- Patients who are poor candidates for long term oral anticoagulants should be considered for left atrial appendage closure with the WATCHMAN™ device.

### Diagnosis

- As patient has non-valvular atrial fibrillation with a high risk of

stroke, and is a poor long term candidate for oral anticoagulation, an appropriate alternative treatment had to be identified. Transoesophageal echocardiography (TEE) assessment deemed the patient's left atrial appendage anatomy suitable for implantation of WATCHMAN™ device.

### Treatment

- Patient underwent successful placement of a 27mm WATCHMAN™ device via femoral vein access during a 42-minute procedure. No unexpected issues were encountered during surgery.
- Patient was discharged the following morning.

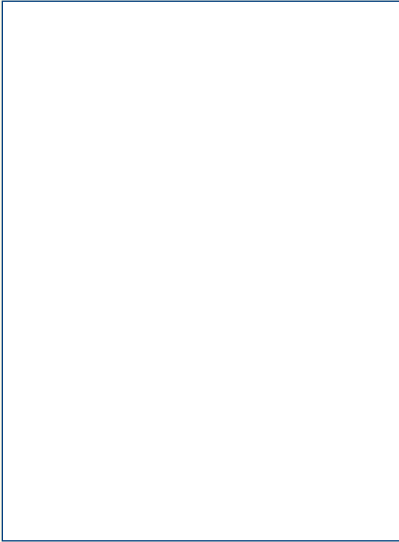
### Outcome

- Follow-up TEE revealed excellent device positioning. Patient was placed on lifelong aspirin therapy, avoiding oral anticoagulation and its incumbent bleeding risks. Eliminating blood thinners resolved patient's anemia, further increasing his overall satisfaction with the treatment.

### Conclusion

- Left atrial appendage closure with the WATCHMAN™ device is a powerful tool to protect patients with atrial fibrillation from stroke. Patients with bleeding episodes on oral anticoagulation, as well as those at high risk for falls, should be considered for this procedure..

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Atrial fibrillation raises a person's risk for stroke by 500%, and most AFib-related strokes (75%) can be prevented.<sup>1</sup> The WATCHMAN™ device is for people who have A-Fib not caused by heart valve problems, have been prescribed blood thinners and while they can tolerate warfarin, need an alternative to blood thinners.

If you would like to discuss a patient, Dr. Shah can be reached at **202-877-7685**.

**To learn more, please visit [MedStarHeartInstitute.org](http://MedStarHeartInstitute.org).**

<sup>1</sup> "Atrial fibrillation (A-Fib) and Stroke" National Stroke Association Fact Sheet March 2016

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