

Doxorubicin

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Late cardiotoxicity in an adolescent: case report

A 17-year-old boy developed cardiotoxicity after treatment with doxorubicin for childhood sarcoma [*route not stated*].

At 3 years of age, the boy had received chemotherapy for pleomorphic sarcoma which included a cumulative doxorubicin dose of 500 mg/m² of body surface area. He had a first bilateral cardiac decompensation in 2006, aged 17 years. In 2008 he was admitted with progressive dyspnoea and weakness. Investigations revealed hepatomegaly and overloaded atria, with elevations of bilirubin and type B natriuretic peptide levels. His prothrombin time was slightly prolonged. Bilateral atrial dilation and severe diastolic dysfunction were discovered on echocardiogram; he also had severe pulmonary hypertension which was assessed as irreversible.

He was discharged on sildenafil, but readmitted in 2009 with newly developed hyponatraemia and systolic dysfunction. He was intolerant to vasodilation. Heart transplantation was undertaken and at 12-month follow-up the man has no subjective complaints.

Lesny P, et al. Heart transplantation in a patient with severe "irreversible" pulmonary hypertension. *Kardiologia* 19: 481-487, No. 6, Jan 2010 [Slovakian; summarised from a translation] - Slovakia 803051908