Editorial on complete atrio-ventricular heart block

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EDITORIAL

It's unusual for malignant lymphomas to show with cardiac invasion as the most prominent clinical characteristic. Not only do we want to know where the disease is, but we also want to know what symptoms it may cause. One of the most prevalent clinical presentations is sudden development of total atrioventricular block. Cardiac tamponade is another typical disease entity that can cause symptoms of obstructive vessels if it occurs near the outlets of big vessels. Needle aspiration under the guidance of transcutaneous or transesophageal echocardiography can be used to make the diagnosis. Both CT scans and MRIs are helpful in the diagnosis of cardiac lymphomas, and the latter can even provide additional information. We present the case of a 70-year-old man with primary cardiac lymphoma who developed total atrioventricular block suddenly. Chemotherapy with cyclophosphamide, vincristine, and prednisolone (COP) was used for four courses before adding doxorubicin (CHOP) for three more cycles. After two years of treatment, the patient was remained in remission.

Congenital total atrioventricular block is an uncommon disorder caused by an anatomical abnormality of the conduction pathways or the trans-placental transfer of maternal antibodies causing foetal myocarditis and conduction tissue fibrosis. It's unclear whether an AV block discovered later in life is truly "congenital." Pacemaker implantation is the only treatment, regardless of the child's age. Cardiac failure and syncope are unequivocal indications for the placement of a pacemaker. Even if asymptomatic, children with a heart rate below 50 beats per minute (bpm) are at danger of syncope or even sudden death and must be paced. Furthermore, some individuals with immunological full AV block develop cardiopathy and require pacing. In our department, epicardial pacing is used in younger children weighing less than 10-15 kg, and endocavitary pacing is used in larger children. Double chamber pacing, which restores AV conduction began by the child's sinus or ventricular pacing with activity-controlled heart rate are the two options. Although serious problems such as venous thrombosis, infections from multiple operations, and delayed cardiomyopathy have been reported, the results of paediatric pacing are generally positive, and the vast majority of children with congenital full AV block enjoy normal lives. Primary Cardiac Lymphoma (PCL) is a rare and highly aggressive cancer that can cause damage to the cardiac conduction system (total atrioventricular block), myocardium, and pericardium. Histology reveals. Early detection and treatment are critical for survival.

A full atrio-ventricular block caused by a tumour of the atrial septum, a B-cell lymphoma stage I, was presented in the case of a female patient admitted for severe worsening of her general health. Cardiac sample histology validated the diagnosis, which was suggested by combined PET/CT imaging. Following chemotherapy induction, her overall clinical state, including cardiac measures, rapidly improved. Complete atrioventricular block (AV block) with an auxiliary route is a rather uncommon occurrence. In a 91-year-old patient, we present a case of third-degree AV block with Wolff Parkinson White (WPW) syndrome. On admission, the Electrocardiogram (ECG) revealed a Mobitz type II AV block with a third degree block on a wide-QRS ventricular rhythm pounding at 35 cycles per minute. A single-lead pacemaker was inserted into the patient as soon as possible. On the left posteroseptal location, the post-implantation ECG revealed a Kent auxiliary route. In the presence of an accessory pathway, a full AV block means a more or less permanent blocking of atrial depolarization, both through regular conduction tissue and through the accessory pathway.

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