was investigated by blood count, biochemical analyses, troponin I, CK-MB, ECG, echocardiography, coronarography.
Results. BP 175/95 mmHg, HR 82 b/min. ECG: sinus rhythm, HR 85 b/min, ST segment depression in the antero-apical region of the LV myocardium. Laboratory data: hemoglobin 137 g/l, creatinine 58 μmol/l, glucose 5 mmol/l, total cholesterol 5.5 mmol/l, LDL-C 3 mmol/l, Tn-I 0.05/15 ng/ml, CK-MB 104 U/l, D-dimers 0.3 mg/l, NT-proBNP 150 pg/ml. Echocardiography: hypokinesia of the LV apex, EF 54%. Coronary angiography: monovascular lesion – acute thrombosis on LAD III, which confirms MINOCA. Treatment with coronary angioplasty, beta-blockers, antiplatelets, ARBs, statins, and investigations for thrombophilia and antiphospholipid syndrome were recommended.
Conclusion(s). This case proves that the diagnosis and treatment of MINOCA should receive attention of clinicians, taking into account the young age of onset and the heterogeneity of this syndrome, and the identification of the substrate of thrombosis would contribute to the prevention of a possible future event.
Keywords: acute coronary syndrome, MINOCA, Intracoronary thrombosis

CARDIAC TAMPONADE IN HODGKIN LYMPHOMA: A CLINICAL CASE

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Background. The incidence of Hodgkin lymphoma (HL) is 2.5 cases per 100,000 people/year, with a 5-year survival rate of 89%. Secondary cardiac involvement in HL occurs in about 25% of cases, usually due to tumor compression and transudate formation; however, cardiac tamponade remains a very rare phenomenon.
Objective(s). Clinical case presentation of a young female patient diagnosed with Hodgkin lymphoma, complicated by secondary pericardial involvement and clinical-paraclinical signs of cardiac tamponade.
Materials and methods. A 29-year-old woman hospitalized in ward no. V of the Institute of Cardiology. Clinical and paraclinical data were collected through patient interview and medical records. Performed investigations included: electrocardiography, echocardiography, chest X-ray, chest computed tomography (CT), biochemical and hematological tests.
Results. Clinical: dyspnea on moderate exertion, retrosternal pressure, dry cough during exertion and in the supine position. Objective: pallor of the teguments, rhythmic heart sounds, HR 94 bpm, BP 120/70 mmHg, vesicular breath sounds, SpO_2 98%. Paraclinical: Hb 123 g/L, WBC 9.4×10^9/L, ESR 7 mm/h, CRP 18.09 U/L. Echocardiography showed a thickened pericardium, large pericardial effusion with signs of tamponade. Chest CT revealed a mediastinal mass invading the pericardium, aorta, pulmonary trunk, and right lung with bilateral pleural effusion and pericarditis. Treatment: Chemotherapy according to the ABVD regimen with repeated CT monitoring.
Conclusion(s). Cardiac tamponade is a very rare complication of Hodgkin lymphoma that demands rapid diagnosis and urgent treatment. Early involvement of a multidisciplinary team and swift initiation of targeted therapy are essential to prevent fatal complications and improve patient outcomes.
Keywords: Hodgkin lymphoma, cardiac tamponade, pericardial effusion