# Patient after treatment of Hodgkin's lymphoma: A typical… cardiological patient. Author's reply

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As has been emphasized in the latest guidelines of the European Society of Cardiology (ESC) cardio-oncological patients require an individual and personalized approach [1]. However, therapeutic decisions are often extremely difficult. Therefore, we would like to thank Dr. Sławiński, Dr. Nabiałek-Trojanowska, and Prof. Lewicka for their comprehensive comment on our vignette [2, 3].

Our patient, in the course of a thorough in-hospital assessment performed due to the high dose of radiation received, had also prolonged Holter ECG monitoring in which we did not observe any subclinical rhythm and conduction abnormalities. In turn, the aortic valve, normally overloaded with the highest-pressure gradient and permanent mechanical work, in this group of patients is often affected due to its position relative to the radiation beam [4]. In our patient, on detailed echocardiography, we observed massive and diffuse calcifications of all leaflets, especially of their free edges, however, without functional significance. Currently, considering the lack of indications for further interventional treatment, we did not extend the diagnostic process with a calcium score. However, in follow-up observation, we will consider this examination to timely detect aortic valve stenosis progression [4].

The issue of the outcomes following percutaneous coronary intervention in patients after chest radiotherapy remains controversial. However, there are also reliable data on relatively low rates of restenosis in these patients [5]. We believe that the currently available newest generation of drug-eluting stents that were used also in this case is associated with a low incidence of these events. After the meticulous bleeding and thrombosis risk assessment with recommended PRECISE-DAPT and ARC-HBR scores, we prescribed dual antiplatelet therapy with aspirin and clopidogrel for 6 months. A possible decision to extend the duration of this treatment will be made during routine visits in our cardio-oncological outpatient clinic.

In conclusion, in our opinion, the presented patient is a typical but also high-risk case due to the multitude and severity of current and potential cardiovascular complications, which was also emphasized by comments by Dr. Sławiński et al. [2]. Undoubtedly, such patients should be treated in dedicated cardio-oncological centers [1].

## *Article information*

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