reported. These arrhythmias manifest mainly as supraventricular or ventricular extrasystoles (5). Our patient had no cardiovascular history apart from arterial hypertension and the search for the cause of this episode of new-onset ventricular tachycardia revealed subclinical ischemic cardiopathy, a risk factor for ventricular arrhythmia. However, the chronology raises the possibility of an adverse event which could be attributed to infliximab. A review of the literature showed only one case of sudden death, less than 24 hours after an infusion of infliximab, in a man aged 64 who had rheumatoid arthritis and a history of conduction disturbances (6).

The physician must bear in mind that TNF antagonists are contra-indicated in patients with heart failure and that they can induce new-onset heart failure. Initial cardiac evaluation and regular clinical surveillance are mandatory to detect cardiac side effects (7).

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Chondrosarcoma in Paget's disease of bone

Sirs,

A 60-year-old patient was diagnosed with Paget's disease of bone (PDB) after having a fracture of the humerus. He had suffered another fracture at the same site when he was 30.

Radiographs showed a predominantly osteolytic pagetic lesion involving the left proximal humerus. Bone scintigraphy showed uptake on the left humerus, the seventh rib, the eighth dorsal vertebra, lumbar vertebrae and the sacrum (Fig. 1). The serum alkaline phosphatase concentration was 1026 IU/L (normal range, 98-279). He was treated first with alendronate 30 mg daily for 6 months and after that with risedronate 30 mg daily for 2 months, and the serum alkaline phosphatase decreased to almost normal values.

Two years later a painful mass was observed on the proximal region of the left superior limb. The serum alkaline phosphatase concentration was 599 IU/L, slightly increased respect to previous analysis. Plain radiographs of the humerus were similar to the previous x-ray, except for an image of increased density out of the cortical bone near the former fracture. MRI showed an area of decreased signal intensity in both T1 and T2-weighted images with irregularity of the cortical and a soft tissue mass, which involved the surrounding muscles and subcutaneous cellular tissue. Histopathologically this mass was a grade 3 chondrosarcoma. The patient was treated with radical surgery in addition to chemotherapy and local radiotherapy. Fifteen months later he suffered pulmonary metastasis.

Sarcomatous transformation in PDB is a very rare event nowadays (0.7% to 5%) (1, 2), probably due to a good control of the disease with biphosphonates. Our patient was appropriately treated over the previous 2 years, but the disease was very extensive at the time of the diagnosis. Osteosarcoma associated with PDB is the most common histological type, and chondrosarcoma is very rare. Little more than 20 cases have been reported in the literature (3-8). Our patient had previously had two fractures, both of them in the same site where the chondrosarcoma would develop years later. Sarcomatous transformation of pagetic bone at the site of a previous trauma has been reported in up to 10% of cases of sarcomas in PDB (4). In chondrosarcomas a calcified matrix of the lesion, as in the current case, has been described on plain x-rays (5). The estimated 5-year survival rate is about 3-8% (1, 4), although a few patients enjoy a longer survival (6, 7). Treatment must be instituted as early as possible, and include radical surgery and subsequent radiotherapy and chemotherapy.

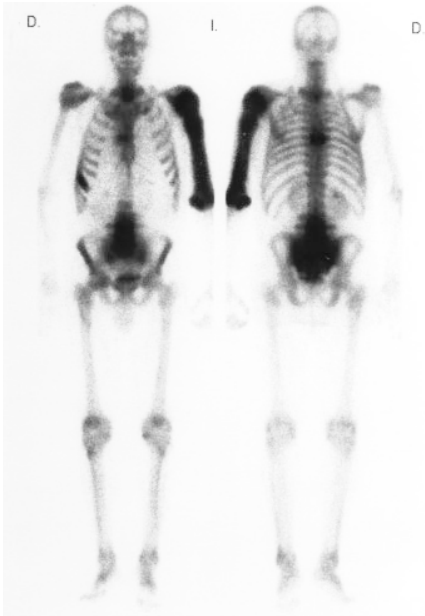

Fig. 1. Radionuclide examination showing pagetic extension.

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