128. Secondary Cardiac Lymphoma Presenting With Cardiac Tamponade and Cardiac Mass

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Body

Background: The heart is a relatively rare site for the development of tumours.

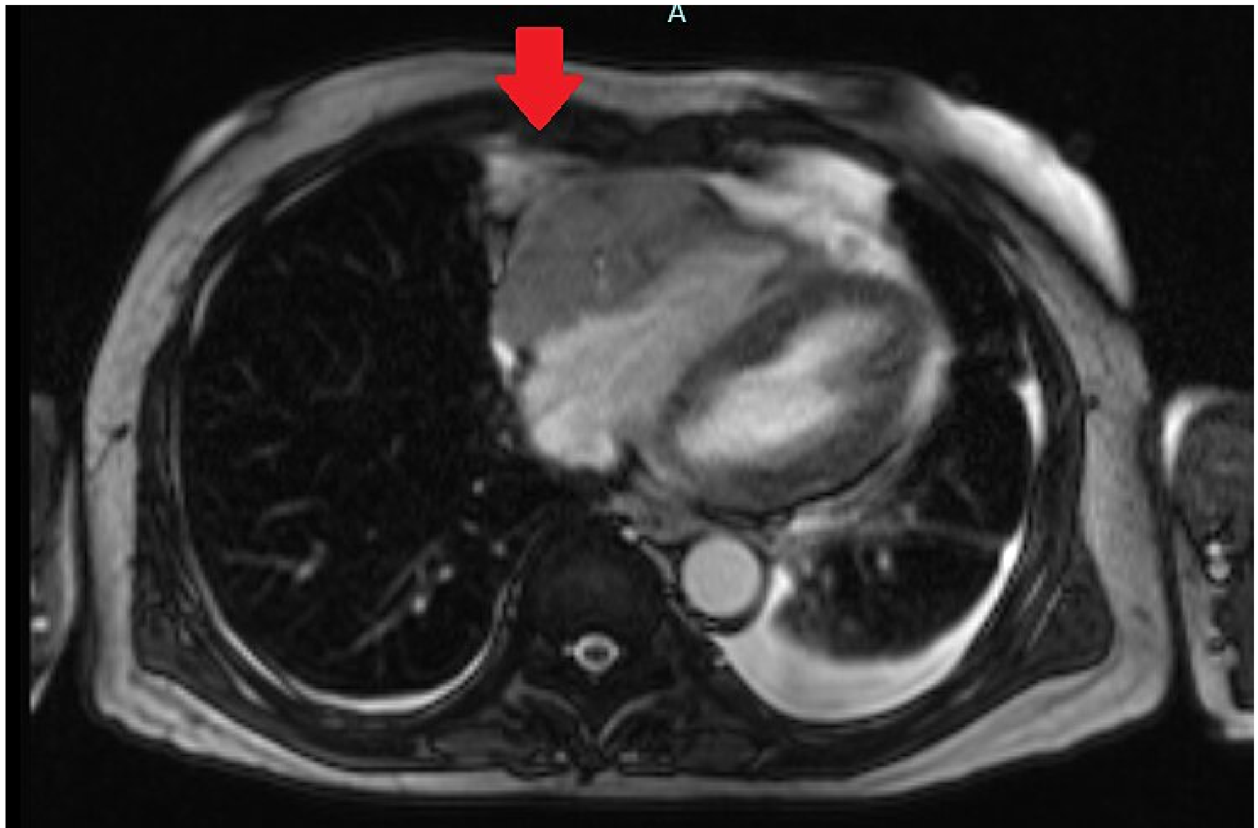
Case: A previously healthy 78 years old gentleman presented to our emergency department with worsening shortness of breath of two days duration with reduced effort tolerance and palpitation. He denied chest pain, fever or weight loss. His initial blood pressure was 90/60mmHg with a heart rate of 90 beats per minute. Clinical examination revealed a raised jugular venous pressure and a muffled heart sound.

A bedside echocardiogram showed global pericardial effusion with evidence of tamponade and emergency bedside pericardiocentesis was performed. Biochemical analysis of the pericardial fluid showed that it was exudative with pericardial fluid to serum lactate dehydrogenase (LDH) ratio of 6.9. Pericardial fluid cytology revealed atypical lymphoid cells and hence a contrast enhanced computed tomography (CECT) of thorax, abdomen and pelvis (TAP) was done in active search for malignancy. It showed homogeneously enhancing soft tissue masses in anterior pericardial fat with the most dominant mass encasing the right coronary artery associated with mediastinal lymphadenopathy and right pulmonary embolism.

Cardiac magnetic resonance imaging (MRI) confirmed the presence of a mass sized 35 x 61mm arising from right atrioventricular (AV) groove suggesting the likelihood of a malignant tumour. Positron Emission Tomography (PET) scan showed metabolically active cardiac mass, likely cardiac lymphoma with widespread lymph node involvement on both sides of diaphragm. A computed tomography (CT) guided biopsy of the mass was performed and the histopathological evaluation of the mass was consistent with diffuse large B cell lymphoma.

A total of 1 litre of haemoserous pericardial fluid was drained over a course of three days via an indwelling pericardial catheter. The patient was referred to a hematology center for chemotherapy.

Discussion: our case illustrates that a patient with DLBCL may present with cardiac tamponade as a result of metastasis. This diagnosis, although rare, is likely to be missed, which can cause fatal complications, such as cardiac tamponade, fatal arrhythmias, sudden cardiac death etc.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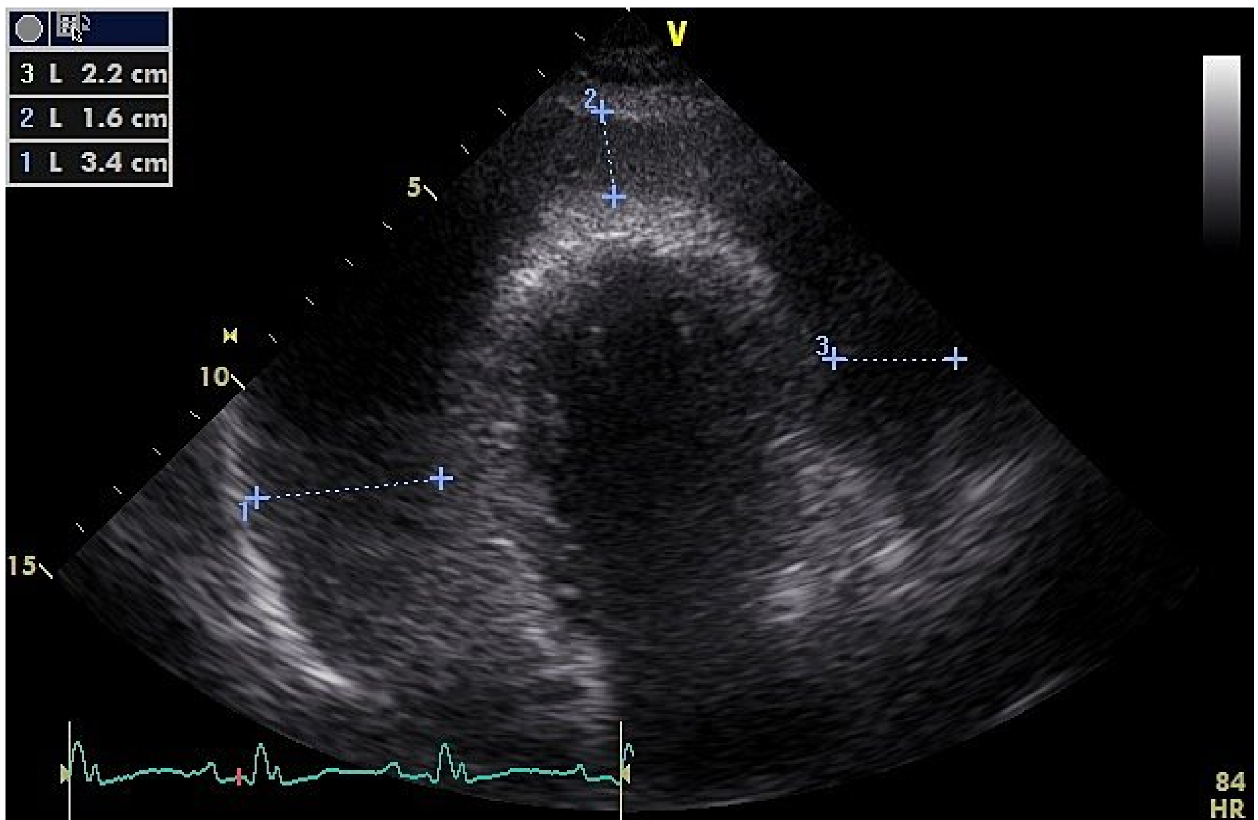
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