

Primary Cardiac Lymphoma in an Immunocompetent Female Patient

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The images are from an 81-year woman with history of HTN, NIDDM and atrial fibrillation, who went to emergency due to dyspnoea of five days duration, anorexia, and weight loss in the last six months. The chest radiography shows cardiomegalia and the echocardiogram shows severe pericardial effusion and vascularised mass attached to the right atrium.

The study was completed with a magnetic resonance in which such mass shows mixed signal intensity on T1 (Figure 1) and T2 (Figure 2) sequences and it is enhanced after the administration of gadolinium (Figure 3). It reaches a size of about 7 x 5 cm in the axial plane and covers the pericardium, the right atrium and the basis of the left ventricle. A diffuse pericardial thickening and effusion are associated. From the point of view of the magnetic resonance, the lesion

fulfilled criteria of malignancy, without establishing if it was a primary (sarcoma or lymphoma) or metastatic (although the patient had no known neoplasia) tumor. Later, a thoraco-abdominopelvic CT was performed with no evidences of adenopathies and affection of other organs.

The immunohistochemical study of the pericardial fluid was compatible with large B-cells non Hodgkin lymphoma.

Cardiac affection due to lymphoma is more frequent in systemic non Hodgkin lymphoma than primary form; (1-4) on the other hand; this is almost always a B-cell lymphoma and affects more frequently immunocompromised individuals. (1-4) Affection of right cavities (1-4) and associated pericardial effusion are typical. (1, 2)

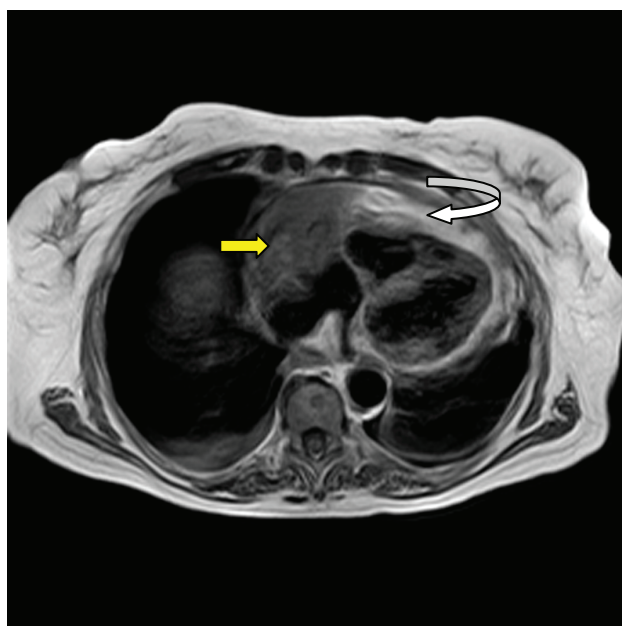


Fig. 1. T1-weighted image shows a heterogeneous signal mass in the right atrial wall (yellow arrow). Irregular thickening and pericardial effusion can be observed (curved arrow).

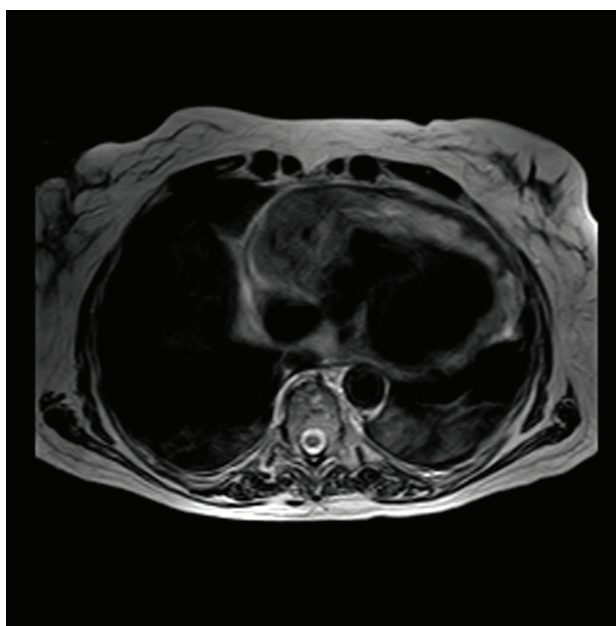


Fig. 2. The same findings showed in Figure 1 in a T2-weighted image.

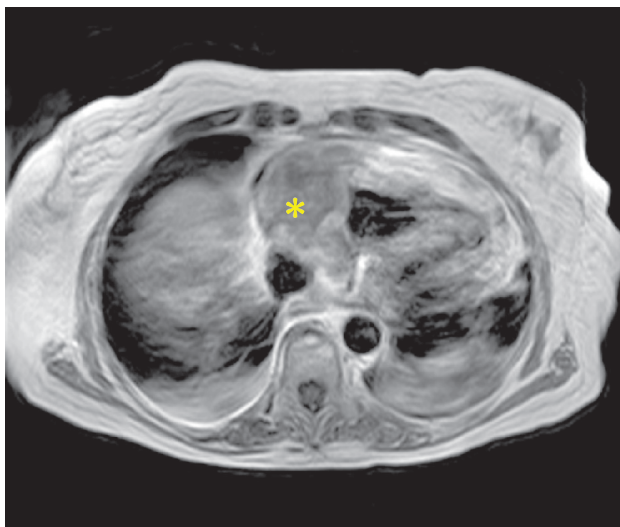


Fig. 2. The mass shows a heterogeneous enhance after a gadolinium injection (asterisk).

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Statement of conflict of interests

We authors, declare that we do not have any conflict of interest in this publication.