

Non-Hodgkin's Lymphoma presenting as intracardiac mass: A rare presentation

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ABSTRACT

Introduction: Primary cardiac lymphoma (PCL) comprises of 1-2% of primary cardiac tumour. It is classically associated with poor outcome. Oncologic emergency can arise due to its rapid propensity. **Case Description:** This case report described a rare case of PCL with rapid disease progression. A 51-year-old lady presented with 6 months of dyspnoea. Her transthoracic echocardiogram showed a large exudative circumferential pericardial effusion and biatrial masses. Her echocardiogram done 6 months ago during which she had atrio-ventricular disease requiring pacemaker implantation was normal. This signifies a rapidly growing intra-cardiac tumour within the span of 6 months. Endovascular tissue biopsy using intra-cardiac echocardiography (ICE) guidance revealed the diagnosis of diffuse large B-cell lymphoma. Staging computed tomography staged the disease at Ann Arbor IV E. She was started on R-CHOP chemotherapy. **Discussion:** The presentation of PCL is often non-specific. Tissue biopsy remains the gold standard of diagnosis. Difficulty in obtaining tissue biopsy poses diagnostic challenges. Different modalities had been described to obtain tissue biopsy. ICE had been used in our case for endovascular biopsy which had helped in obtaining adequate tissue sample for histopathological testing. Treatments of PCL include chemotherapy, which is the main treatment, and palliative surgery in the event of haemodynamic compromise. **Conclusion:** PCL is a rare disease with rapid disease progression and can present with non-specific symptoms. The use of ICE guidance endovascular tissue biopsy in obtaining tissue sample was recommendable and it allows for early diagnosis for timely administration of treatment, which is important in prognostic influence.