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Left sided cardiac lymphoma

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Background: Primary cardiac lymphoma (PLC) is a rare neoplasm, defined as a lymphoma with the main bulk localized in the heart; diffuse B-cell lymphoma (DLBCL) is the most common type. It usually involves the pericardium and the right heart, especially the right atrium, and have a poor prognosis with a median survival of less than one year.

Case summary

A 62-year-old female presented to the emergency department on February 2018 for palpitations and recent-onset dyspnea on exertion. Her previous medical history was unremarkable except for a hospital admission in october 2017 for dyspnea, when she underwent pleuroscopy of a left pleural effusion with histologic findings negative for a neoplastic process.

The echocardiogram showed a round-shaped mass (23x13mm) in the left atrium, attached to its lateral wall, a mild circumferential pericardial effusion and an hyperechogenic mass at the level of the atrio-ventricular junction of suspected pericardial origin.

A subsequent thoracic CT scan demonstrated the presence of a bulky mediastinal mass with colliquative aspects developing around the cardiac structures, strictly attached to the left heart and infiltrating its posterior wall, the left pulmonary veins and the inferior lobar bronchus. Another mass of similar characteristics surrounded the antero-superior portion of the right heart. Colliquative lymphadenopathies and a left basal pleural effusion were also present.

After performing a total-body CT scan which excluded the presence of lesions in other districts, the patient underwent CT-guided biopsy and the diagnosis of double-expressor DLBCL was made. Given the potential risk of heart rupture during chemotherapy, the first cycle of R-CHOP was performed in a in-hospital setting with initial reduction of the mediastinal mass and of the lymphadenopathies. The patient was discharged home and referred to the hematology department. After completing 6 cycles of R-CHOP, imaging studies showed rapid progression of the disease; the patient was then started on the salvation protocol R-DHAOX but died of septic shock in december 2018.

Discussion: PCL is rare and accounts for less than 2% of primary cardiac tumors; double-expressor DLBCL carries a poor prognosis.

As in most cases, diagnosis was made after the onset of nonspecific symptoms (dyspnea) but -despite the strong predilection for right heart involvement reported in literature- our patient had a predominant left atrial infiltration.

Abstract P848 Figure.