ATYPICAL PRESENTATION OF AN INTRACARDIAC MASS

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BACKGROUND

Cardiac involvement of Burkitt Lymphoma is a quite rare situation, whose diagnosis can be particular challenge.

CASE REPORT

64-year-old man

Previous History

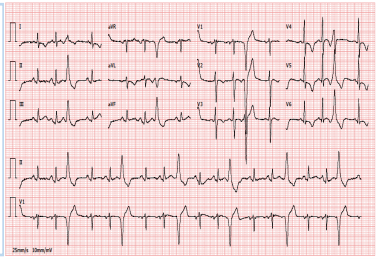
Hypertension

Smoking

HIV and Hepatitis C since 2004

Prescription: candesartan 16 mg

- He was admitted in our institution due to **syncope preceded with palpitations** and succeeded by dizziness and vomiting.
- He also referred **longstanding asthenia** and a **similar episode 2 weeks before**.



On examination: There were no significant changes except tachycardia (120bpm).

Blood analysis showed mild elevation of Troponin I (0.32 ng/mL) and low levels of CD4 count (47/uL).

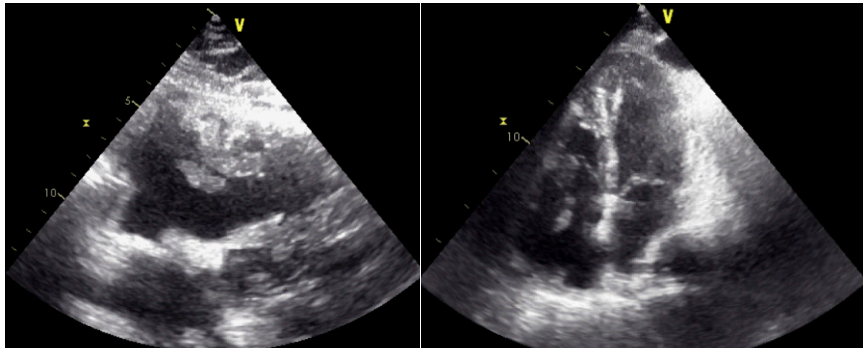


Fig 1 -Transthoracic echocardiography (TTE) depicted good biventricular global systolic function and an ecodense, heterogeneous mass (30x25mm) at right atrium level, involving tricuspid annulus and basal segment of lateral wall of right ventricle, appearing to extend to pericardium.

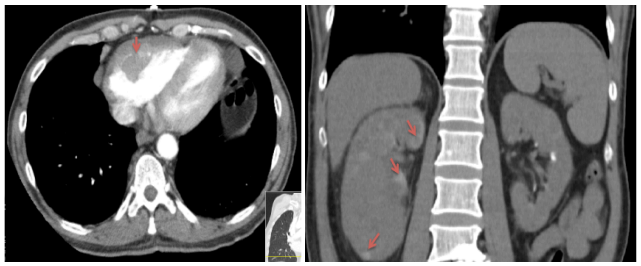


Fig 2 - Computed tomography from thorax to pelvis depicted lymphadenopathy, multiple pulmonary nodules of uncertain aetiology and kidneys with asymmetric dimension with hyperdense nodules on both.

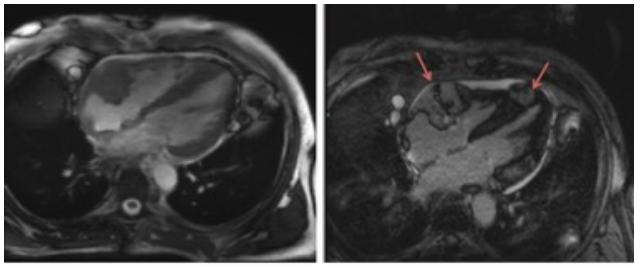
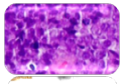


Fig 3 - Cardiac MRI identified a solid, heterogeneous mass, with areas of late gadolinium enhancement, located in lateral wall of right atrium extended to atrioventricular sulcus and lateral wall of right ventricle, encroaching posterior leaflet of tricuspid valve with 7.3x4.4x8 cm; another intramyocardial lesion in apical segment of septum, as well as, basal thickening of anterior wall.

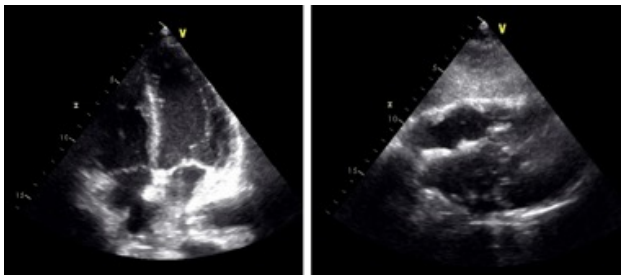


An ultrasound-guided kidney biopsy to one of the lesions revealed **Burkitt Lymphoma.**

PET scan with 18-FDG revealed lymphoproliferative disease dissemination (cardiac, renal, bone, lymph nodes, muscle and pancreatic involvement).

After 4 months of systemic chemotherapy and antiretroviral therapy

An echocardiogram was repeated, showing that all lesions had disappeared (**Fig 4**).



CONCLUSION

This case shows the importance of multimodality of imaging in the diagnosis of a high-grade tumour, whose clinical presentation was atypical.