

Puzzling Cases to Learn from: Read with the Experts

Bonita Anderson & Julie Humphries

1

27 yo male
Honeymooning in
Los Angeles



2 weeks later
After returning
home

The Patient

Episode

Repeat Episode





LOC, No seizures
No preceding
symptoms



2


Acute left-sided weakness, incoordination & sensory loss






Non-sustained SVT then sustained monomorphic VT (chemically converted)

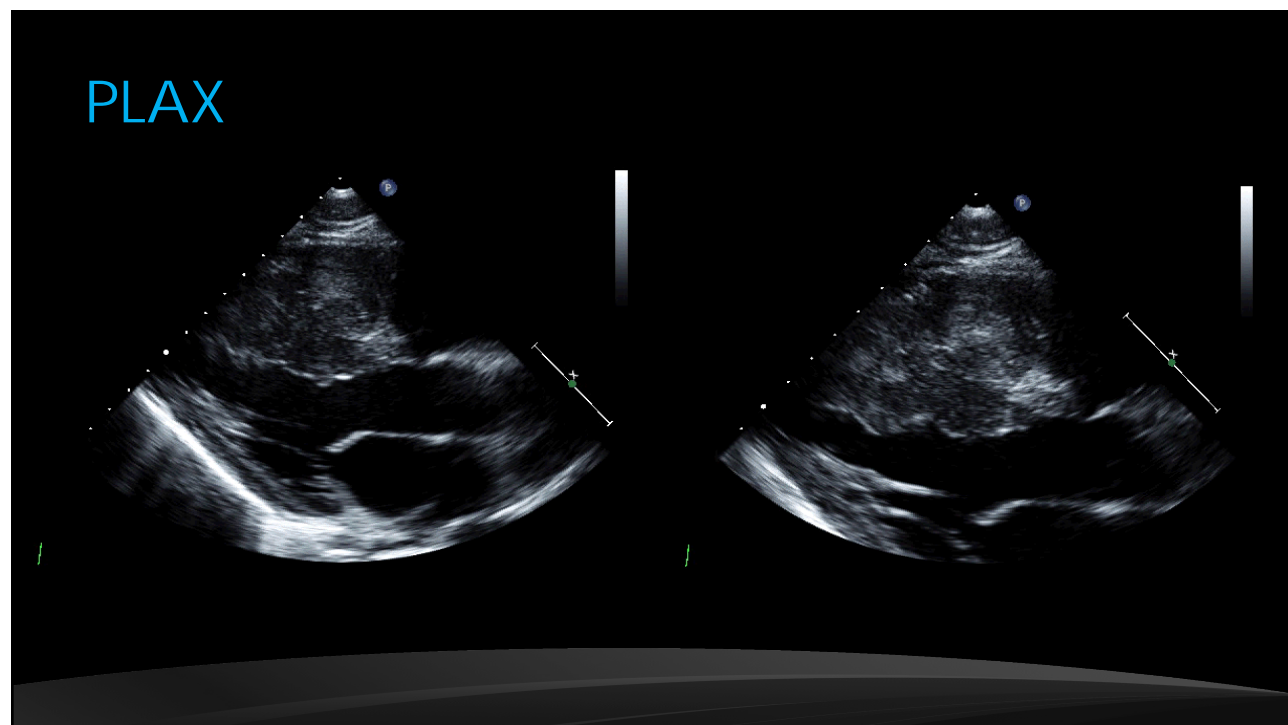
2 months later
CT Scan
Arrhythmias



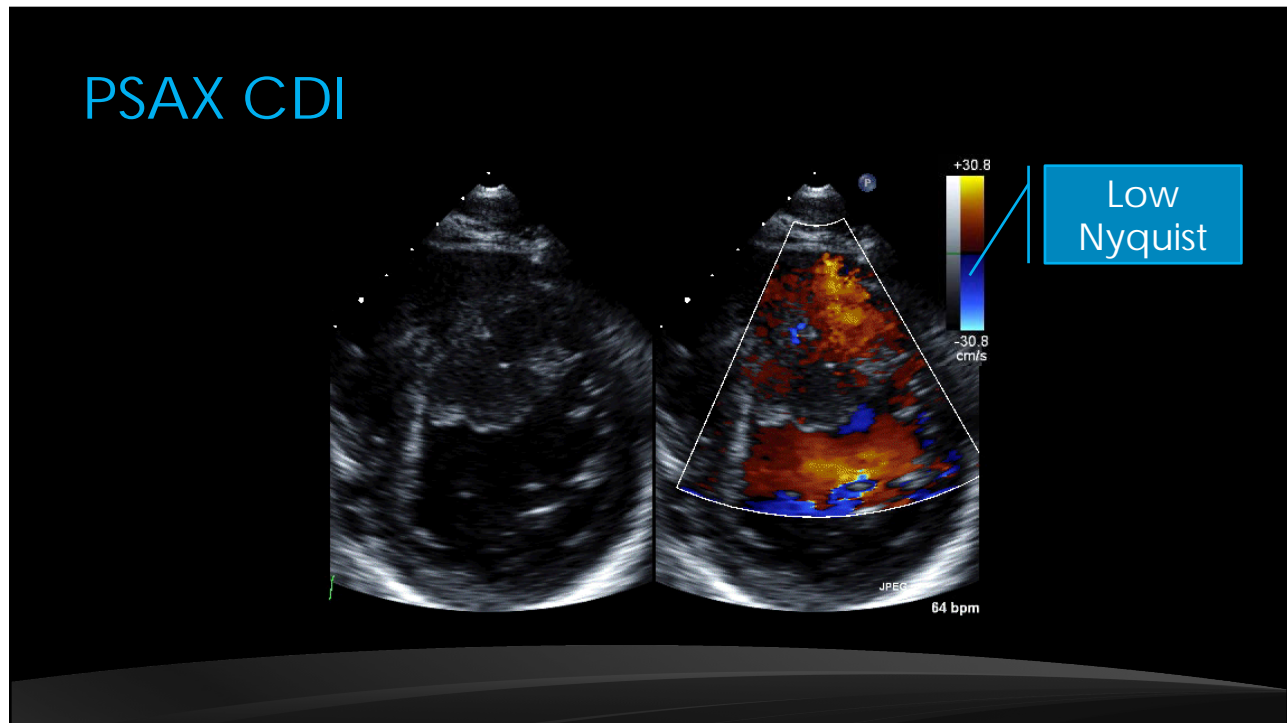
Rt-sided paraventricular parietal mass, crosses midline but no midline shift



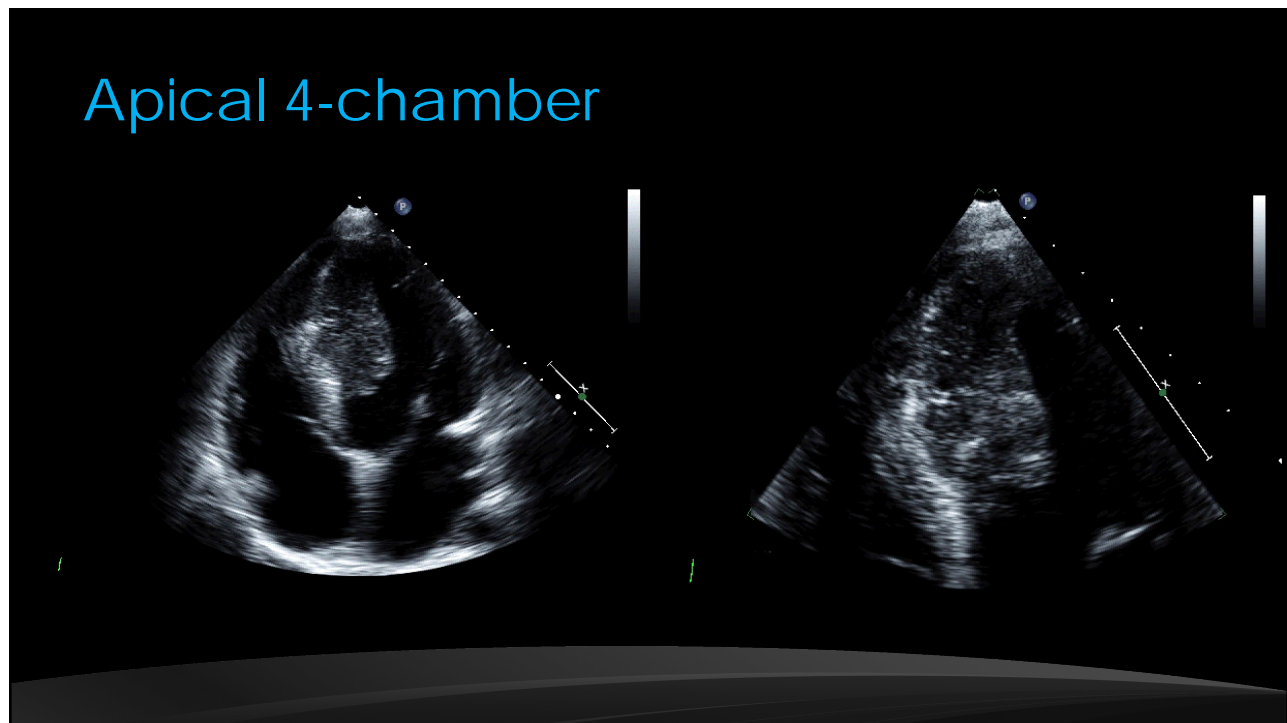
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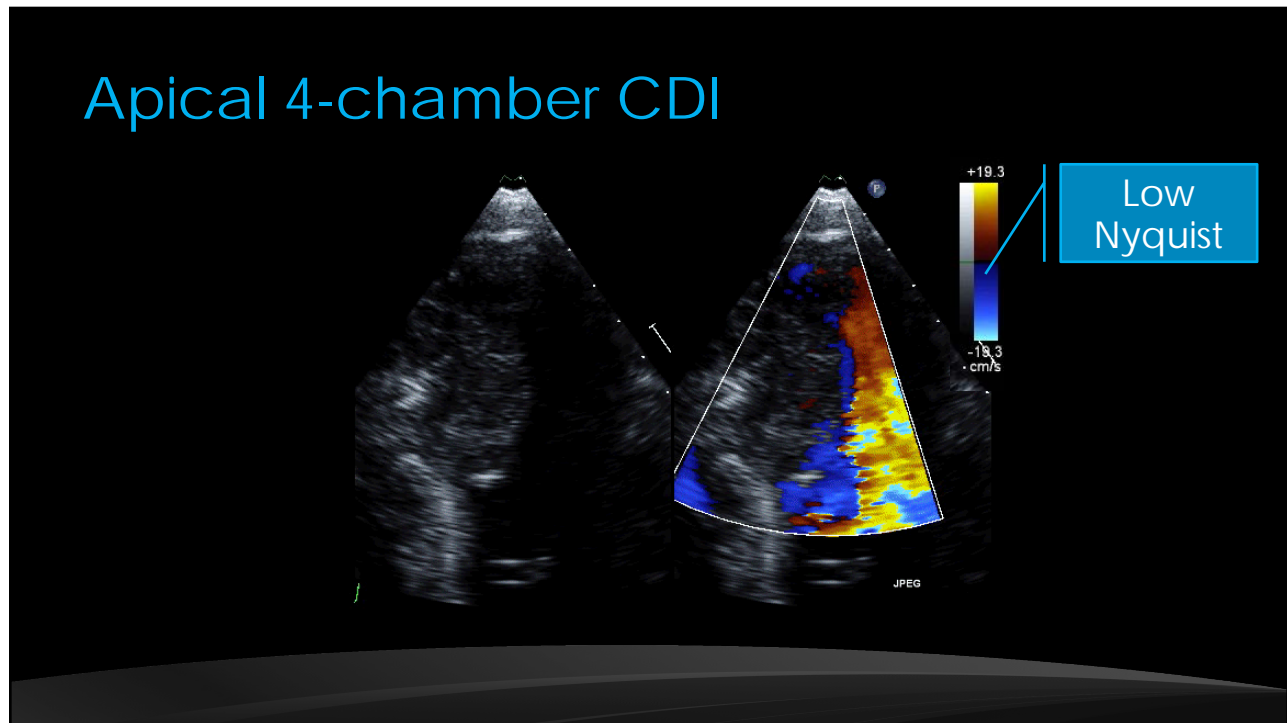


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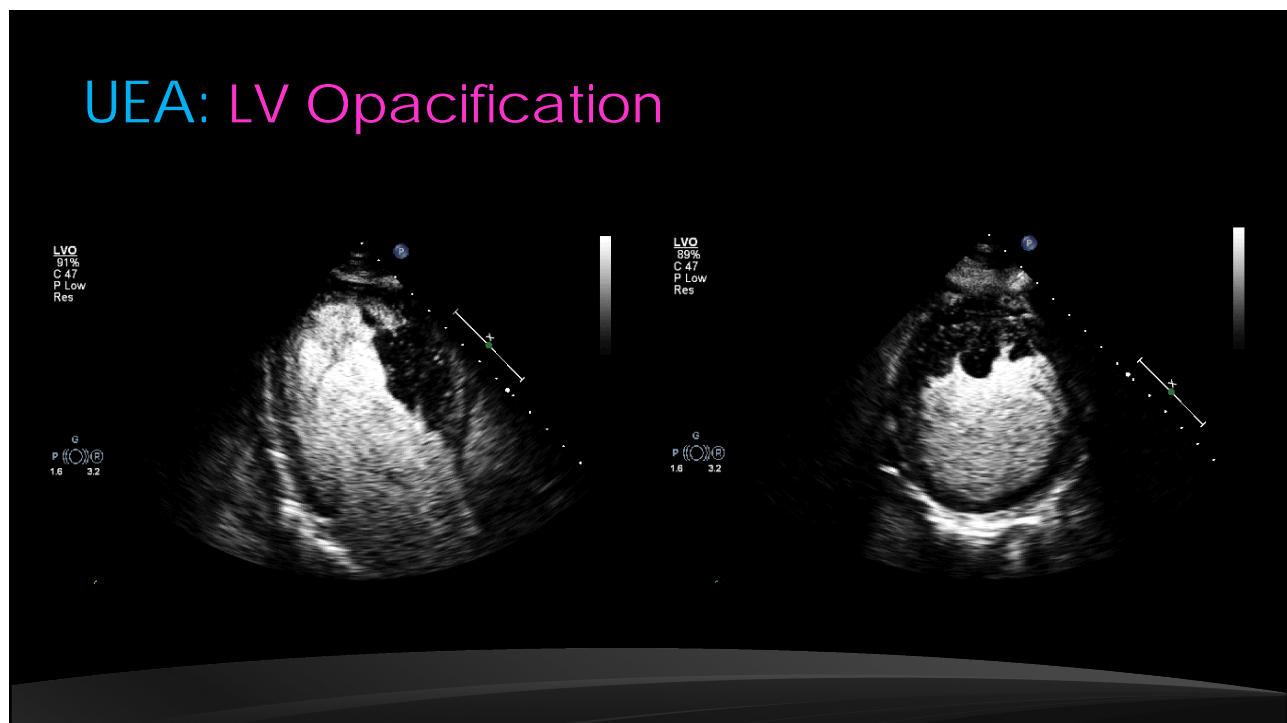
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Apical 4-chamber CDI

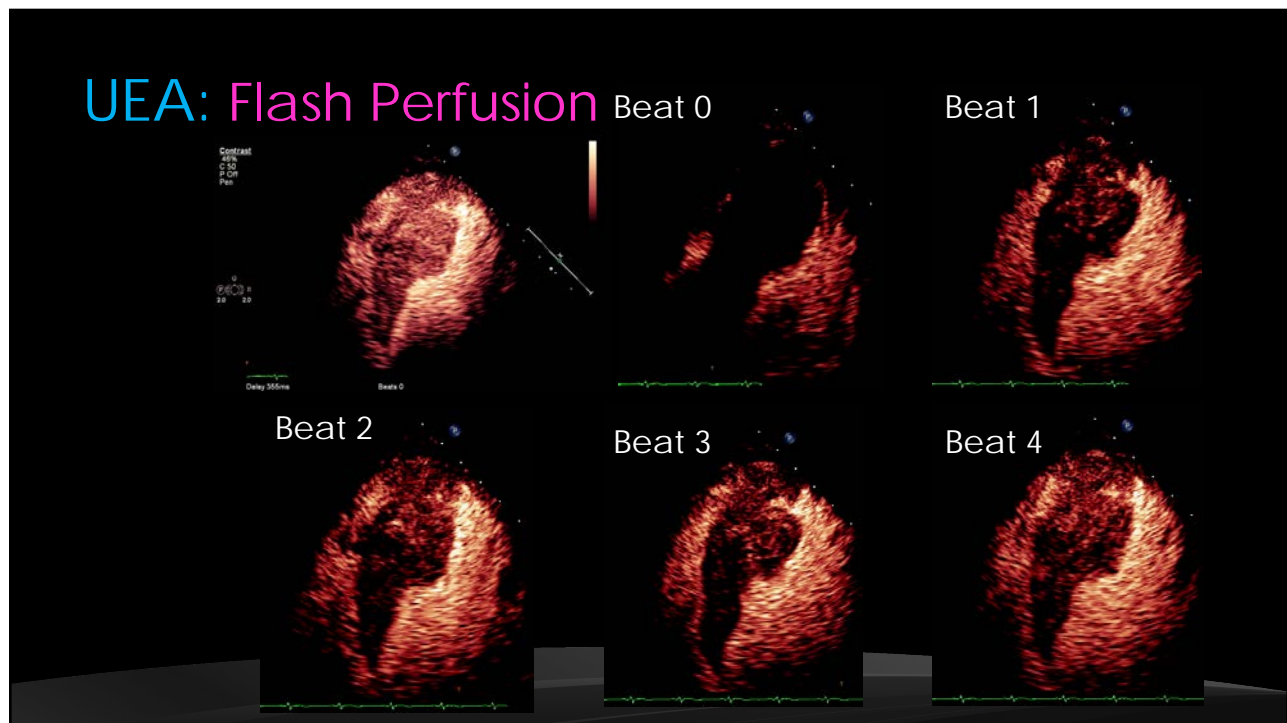


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UEA: LV Opacification



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Cardiac MRI

DIR-FS

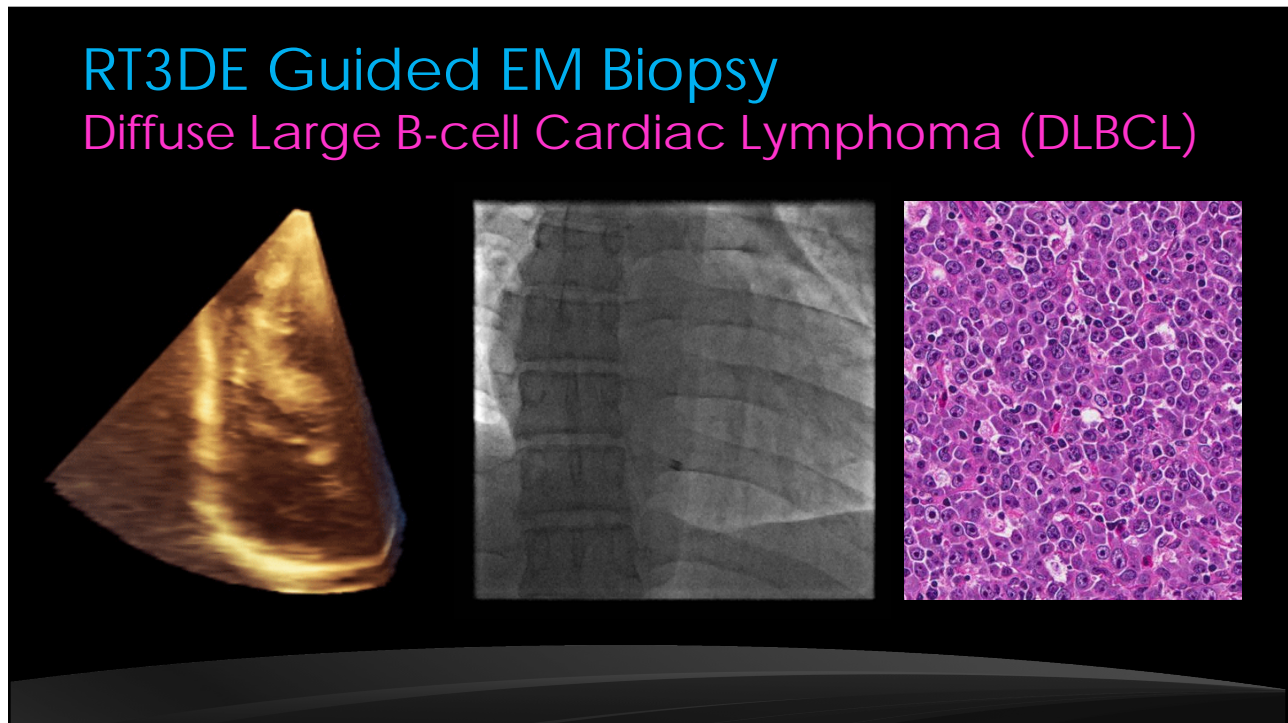
- ♥ Large multi-lobulated aggressive lesion within mid to distal IVS
- ♥ Extension into RV & LV cavities
- ♥ No involvement of RV or LV free walls
- ♥ DDx: 1° cardiac lymphoma (favoured) or 1° cardiac sarcoma

ASE American Society of Echocardiography

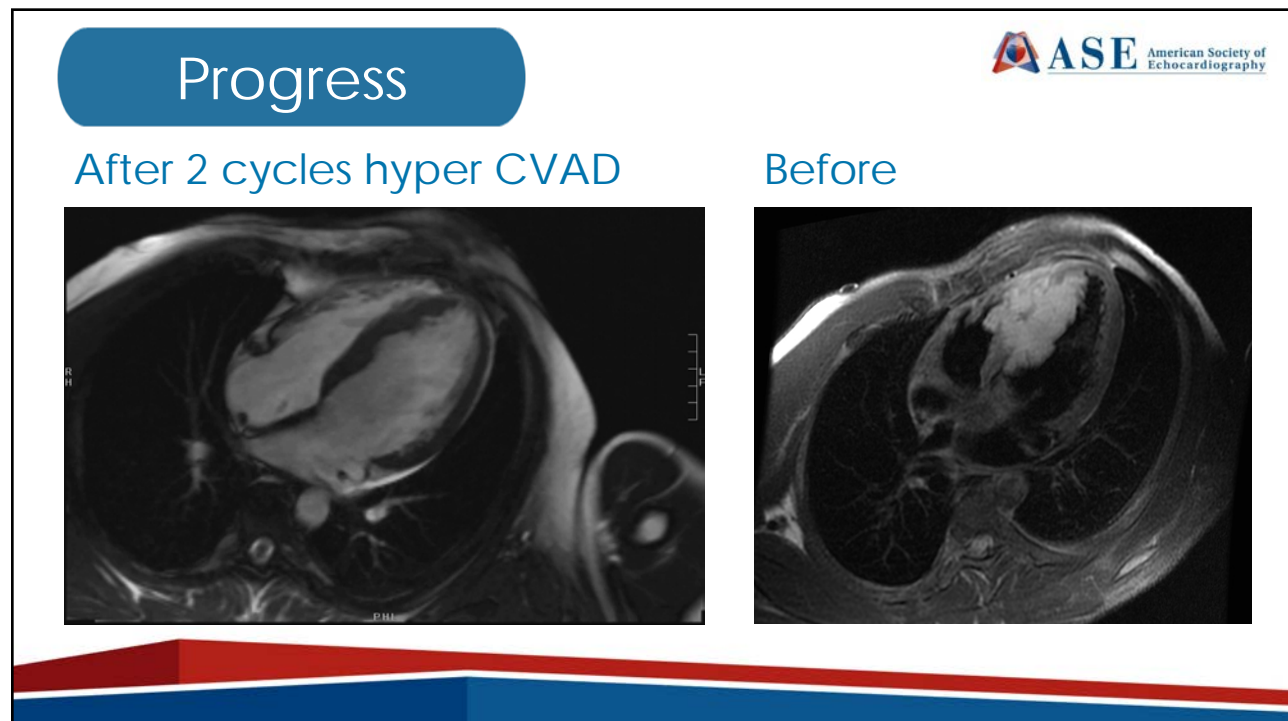
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RT3DE Guided EM Biopsy

Diffuse Large B-cell Cardiac Lymphoma (DLBCL)



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Primary Cardiac Lymphoma (PCL)



Maleszewski JJ et al. JACC
2018;72:202-227

- ♥ Rare (< 2% of all cardiac tumors)
- ♥ More common in immunosuppressed adults (mean age 60 yrs); male predominance (2:1)
- ♥ Almost all B-cell lineage with most (80%) of DLBCL (a sub-type of non-Hodgkin lymphoma)
- ♥ Most commonly involves right heart; less common in left heart and IVS

Jeudy J, et al. Radiol Clin North Am. 2016 Jul;54(4):689-710
Maleszewski JJ et al. JACC 2018;72:202-227

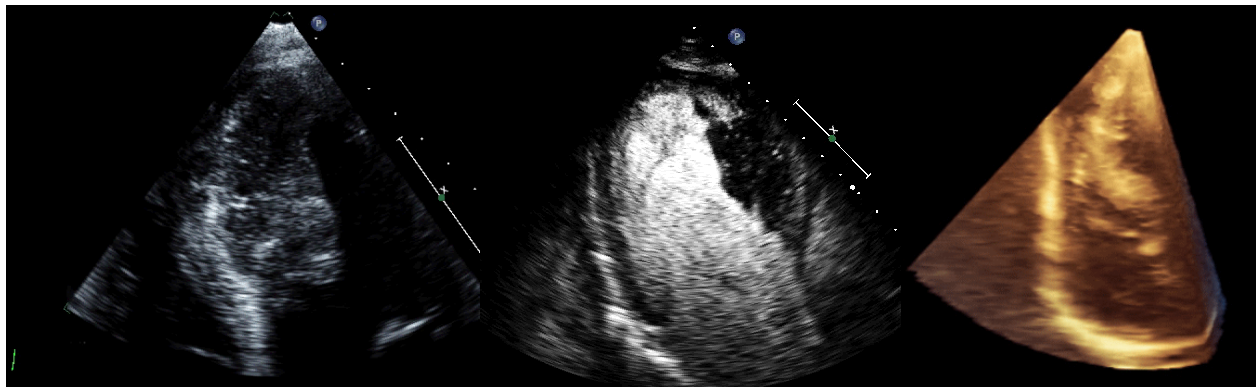
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Case Highlights

2D Echo

UEA

3D Echo



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