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

- 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 (120 bpm).

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

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).

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.