LYMPHOMA CELLS HIDING in the PERICARDIUM
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INTRODUCTION
Human herpesvirus-8-negative effusion-based lymphoma (HHV8-negative EBL) is an underrecognized entity. Diagnosis requires a high degree of clinical suspicion and careful cytopathologic analysis.

CASE DESCRIPTION
An 80-year-old female presented to the ED with a one-week history of worsening dyspnea. She had a history of hypertension, diabetes mellitus, HFrEF, atrial fibrillation, and CTEPH.

She was in atrial fibrillation with a rapid ventricular response to 130 and had a blood pressure of 100/70 that dropped to 90/60 on inspiration. She had jugular venous distention, distant heart sounds, and bilateral lower extremity edema.

A chest radiograph showed significant interval enlargement of her cardiac silhouette. ECG demonstrated low QRS voltages. She had a TTE that revealed a large circumferential pericardial effusion (Fig. 1A, 1B), a LVEF of 55%, a flattened interventricular septum between cycles, and no evidence of diastolic right-heart collapse.

She was admitted to the ICU where she received IV fluids and dopamine while apixaban was being held. On her second day, she underwent a pericardiocentesis that yielded 700 mL of bloody fluid.

Pericardial fluid revealed the presence of large pleomorphic cells with prominent nucleoli, mitoses, and apoptotic bodies (Fig. 1D). These were positive for CD20 (Fig. 1E), BCL6, MUM1, and negative for CD10, CD30, HHV8. FISH demonstrated BCL6 gene rearrangement (Fig. 1F). Altogether, these findings led to the diagnosis of HHV8-negative EBL.

Figure 1. Diagnostic studies.
A. TTE (long-axis) with significant pericardial effusion. B. TTE (short-axis) showing large circumferential pericardial effusion. C. Contrast CT of the chest demonstrating PE. D. Thin prep slide showing large pleomorphic tumor cells with prominent nucleoli. E. CD20 stain-positive large atypical cells. F. FISH study demonstrating BCL6 gene rearrangement.

FINAL OUTCOME
She was transferred to the medicine floor and developed pulmonary embolism (Fig. 1C). Treatment options including anticoagulation and chemotherapy were discussed, however the patient and family opted for hospice care.

EVIDENCE

- HHV8-negative EBL presents as primary lymphomatous effusions in serous body cavities.
- Crucial to distinguish it from its counterpart, PEL, since management and prognosis differ.
- Standardized classification criteria are needed to guide future studies.
- There is lack of consensus on treatment due to the limited number of reported cases.

CONCLUSION


REFERENCES