Intracardiac mass from Burkitt's lymphoma in an immunocompromised patient: a very rare form of presentation

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DESCRIPTION

A 64-year-old man presented at the emergency department for lipolymphia, nausea and palpitations for a few days duration. He was diagnosed with HIV infection 10 years ago. He never was compliant with his antiretroviral therapy (ART).

Pertinent physical findings included tachycardia and tachypnoea. Laboratory work-up revealed elevated troponin 0.30 ng/mL, elevated brain natriuretic peptide (BNP) 443.5 pg/mL and elevated creatinine 1.8 mg/dL with urea in normal range (40 mg/dL). Blood exams revealed CD4+ T cell count of 47 cells/µL with HIV RNA copies of 213 025/mL.

Cardiac involvement of disseminated lymphoma is common; however, primary cardiac lymphoma is extremely rare. In fact, from data collected, <30 cases of intracardiac mass secondary to Burkitt’s lymphoma are reported.1 We must bear in mind that the cardiac symptoms are non-specific and can often be underestimated, leading to diagnostic errors. Given the aggressiveness of the cardiac tumour, its rapid progression can become life-threatening in a short time. Thus, any delay in diagnosis or treatment can decrease the chance of survival. We highlight the importance of early diagnosis and emphasise the presence of exuberant imaging alterations.

There are multiple chemotherapy (CTX) protocols to treatment of adults’ Burkitt’s NHLs and usually an adaptation of children schemas. In our case, the patient was treated with Berlin-Frankfurt-Munster 95 protocol that includes association of anthracyclin, alkylanting agents and high dose of antimetabolites drugs. There is now evidence of benefit of rituximab association to CTX in non-randomised and randomised trials and patients with Burkitt's lymphomas not associated to immunodeficiency and to B-cell NHLs in context of patients with immunodeficiency.2

Learning points

- Within the group of non-Hodgkin's lymphomas (NHL), Burkitt's lymphoma is one of the most aggressive subtypes. This is a rare disease in the general population, accounting for about 1% of all NHL. However, in patients with HIV, even with the advent of ART, their risk increases 200-fold.1

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