A 45-year-old man was admitted to the hospital with dyspnea. Electrocardiogram and chest X-ray were normal; transthoracic echocardiography was not elucidative. The patient developed hemodynamic instability, with a typical brawny edema at the face and neck. Transesophageal echocardiography revealed a large mass in the right atrium (A and B, Online Video 1), which caused a superior vena caval syndrome requiring surgery. The anatomical borders and perfusion of the mass were evaluated by infusing contrast agent (SonoVue, Bracco International, Amsterdam, the Netherlands) (Online Video 1). During the operation, a large tumor of the right atrium with mediastinal infiltration was found, extending in both caval veins (arrowheads, C and D). The tumor was finally removed from the right atrium (proximally 15 cm in length), and histological examination revealed a primary cardiac B-cell lymphoma. This is an extremely rare (1) heart tumor, which may be difficult to diagnose because of nonspecific clinical manifestations.

REFERENCE