Hodgkin's Lymphoma Presenting with Cardiac Tamponade

M. Singh¹, V. Mathew Thomas², S. Alexander², A. Madgula³, D. A. Gerardi⁴; ¹Internal Medicine, University of Connecticut, Farmington, CT, United States, ²University of Connecticut, Farmington, CT, United States, ³University of Connecticut School of Medicine, Farmington, CT, United States, ⁴St Francis Hosp & Medical Ctr, Hartford, CT, United States.

Introduction: Hodgkin’s lymphoma (HL) is one of the most common forms of malignancy in young adults and the average age at diagnosis is 32 years. Patients usually present with asymptomatic lymphadenopathy or with ‘B’ symptoms including fever, night sweats, weight loss. Herein we present a case of a patient whose initial presentation for HL was pericardial effusion. Case: A 21-year-old male with no significant past medical history presented to the hospital with a chief complaint of shortness of breath. The patient started having shortness of breath, started two weeks prior to his presentation to the hospital and was progressively worsening. This was also associated with a dry cough which started about the same time. The patient denied any chest pain but endorsed heaviness in his chest and difficulty breathing while lying down. A chest x-ray was done which showed a widened mediastinum associated with hilar lymphadenopathy. CT scan of the chest then revealed a necrotic mass in the anterior mediastinum with asymmetric mediastinal compression consistent with SVC syndrome. Compression of the trachea and the right pulmonary artery was also noted. The patient was also found to have moderate-sized pericardial effusion. Echocardiogram was consistent with hemodynamically significant pericardial effusion with tamponade physiology. The patient then underwent interventional radiology guided mediastinal biopsy and pericardiocentesis with drain placement. His symptoms significantly improved after the pericardiocentesis. The biopsy of the mediastinal mass was consistent with Hodgkin’s lymphoma, nodular sclerosing subtype. The patient was started on chemotherapy with Adriamycin, Bleomycin, Vinblastine and Dacarbazine. Discussion: Pericardial effusion in patients with HL occurs in about 5% to 24% of patients at diagnosis. The pericardial effusion occurs due to blockage of the venous and lymphatic circulation of pericardial fluid secondary to lymphatic or hematogenous metastasis to the pericardium. The pericardial effusions tend to be clinically silent and improve with chemotherapy. In rare cases, the pericardial effusion leads to pericardial tamponade and requires immediate intervention. This patient was also noted to have SVC syndrome. More than half the patients with HL will have mediastinal lymphadenopathy; however, SVC syndrome is still rare. Hence it is imperative to learn that Hodgkin’s lymphoma is on the differential when evaluating a young patient with pericardial effusion. This abstract is funded by: none