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HEART BEAT

Swinging beats: transient heart block in cardiac lymphoma

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A 20-year-old man receiving chemotherapy for diffuse large B-cell lymphoma with vascular involvement presented to the emergency room with dyspnoea. Chest radiography showed left-sided pleural effusion and an enlarged cardiac silhouette. Transthoracic echocardiography demonstrated large circumferential pericardial effusion with a so-called swinging heart with inflow obstruction (Fig. 1a). Remarkably, the patient was bradycardic and follow-up electrocardiography (ECG) revealed a junctional escape rhythm. Symptoms resolved after pericardiocentesis and drainage of 1,100 ml pericardial fluid containing B cells. Despite the drainage, a junctional rhythm persisted and after 24 h of continuous ECG the patient was discharged. Several weeks later, drainage was repeated for recurring pericardial effusion. ECG then showed an atrial flutter with 2:1 conduction. While in remission, follow-up electrocardiograms showed various ectopic atrial foci rhythms before returning to sinus rhythm 6 months later (Fig. 1b). Cardiac involvement of lymphomas is not uncommon. However, when patients develop transient blocks or arrhythmias this can be life-threatening and require additional vigilance during management [1–3].

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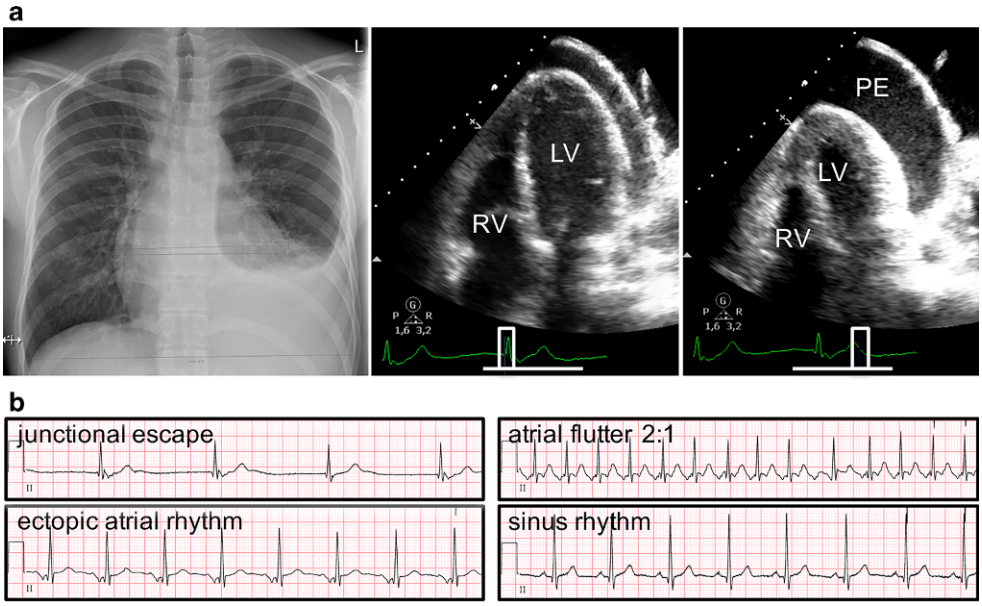

Fig. 1 **a** *Left* X-ray showing enlarged cardiac silhouette and predominantly left-sided pleural effusion. *Middle and right* Transthoracic echocardiography demonstrating large circumferential pericardial effusion with a so-called swinging heart with inflow obstruction. *RV* Right ventricle, *LV* left ventricle, *PE* pleural effusion. **b** Follow-up electrocardiograms showing various ectopic (atrial) foci rhythms before returning to sinus rhythm 6 months later