

32. Braat SH, DeSwart H, Rigo P, Koppejan L, Heidendal GAK, Wellens HJJ. Value of technetium MIBI to detect short lasting episodes of severe myocardial ischemia and to estimate the area at risk during coronary angioplasty. *Eur Heart J* 1991;12:30-33.
33. Perezto-Valdés O, Candell-Riera J, Oller-Martínez G, Aguadé-Bruix S, Castell-Conesa J, Angel J, Soler-Soler J. Localización y cuantificación del área en riesgo mediante tomografía computarizada por emisión de fotones simples de perfusión miocárdica durante la oclusión arterial coronaria. *Rev Esp Cardiol* 2004;57:635-643.
34. Faber TL, Santana CA, Garcia EV, Candell-Riera J, Folks RD, Peifer JW, Hopper A, Aguadé S, Angel J, Klein JL. Three-dimensional fusion of coronary arteries with myocardial perfusion distributions: clinical validation. *J Nucl Med* 2004;45:745-753.
35. Segall GM, Atwood E, Botvinick EH, Dae MW, Lucas JR. Variability of normal coronary anatomy: implications for the interpretation of thallium-SPECT myocardial perfusion images in single vessel disease. *J Nucl Med* 1995;36:944-951.
36. Paulin S. Normal coronary anatomy. In: Abrams HL, ed. *Coronary Arteriography. A Practical Approach*. Boston: Little, Brown and Company; 1983. p127-174.
37. Alderman EL, Stadius M. The angiographic definitions of the bypass angioplasty revascularization investigation. *Coron Artery Dis* 1992;3:1189-1207.

Clinical vignette

doi:10.1093/eurheartj/ehi514

Online publish-ahead-of-print 24 October 2005

Transthoracic echocardiography of Hodgkin lymphoma in the upper anterior mediastinum causing compression of the great vessels

Alexander Nossikoff*, Rumiana Radoslavova, Simeon Dimitrov, and Stefan Denchev

Department of Internal Medicine, Clinic of Cardiology, University Hospital Alexander, G. Sofijski str. 1, 1431 Sofia, Bulgaria

*Corresponding author. E-mail address: alexanderbul@yahoo.com

A 37-year-old man with pulsus paradoxus, non-productive cough, and fatigue was referred to our institution for diagnostic workup. A transthoracic echocardiography was performed, revealing pericardial effusion (PE) with right atrial compression and bilateral pleural effusions (PLE) with fibrinous strands (Panel A). High parasternal oblique scan revealed a huge mass (maximum antero-posterior diameter, 13.9 cm), with 'parenchymatous' texture (LY) in the upper anterior mediastinum displacing the aorta (AO) and pulmonary artery (PA) posteriorly and surrounding them (Panel B).

Contrast-enhanced CT of thorax and abdomen was performed, confirming the findings from echocardiography revealing also displacement of superior vena cava (SVC) (Panels C and D). No other sites of involvement were seen. Transthoracic true-cut needle biopsy was performed.

Histology confirmed the preliminary diagnosis of Hodgkin lymphoma.

The patient was referred to chemotherapy and was serially followed up. After the first chemotherapy regimen, the pleural and pericardial effusions disappeared and the patient was with stable haemodynamics and had no complaints of cough. After the complete uneventful chemotherapy course, the antero-posterior diameter of the mass decreased to 3.9 cm. The patient is fully asymptomatic and is referred to radiotherapy.

See online supplementary material available at *European Heart Journal* online for a colour version of the figure.

