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Clinical vignette

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

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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.

