An Unusual Case of Right-Sided Heart Failure

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A 57-year-old man with a history of coronary artery disease and chronic obstructive pulmonary disease was admitted to another hospital with progressive dyspnea, ascites, edema, and mild jaundice. He was transferred to St. Luke's Episcopal Hospital for further evaluation. Biplane transesophageal echocardiography (TEE) revealed an extensive tumor mass in the right atrium and left atrium (Fig 1, A) with obstruction of the superior vena cava. TEE-guided biopsy of the superior vena cava mass revealed histology of large-cell lymphoma (B-cell type). At 6-month follow-up, after appropriate chemotherapy, repeat TEE showed almost total resolution of the tumor bulk, with only a small residual mass seen in the right atrium (Fig 1, B).

![Image](https://example.com/image.png)

**Fig 1.** Transesophageal echocardiographic images in the horizontal plane; four-chamber view. Panel A shows extensive tumor (T) mass in the right and left atria (LA). Panel B is a transesophageal echocardiographic image in the same plane and view as Panel A in the patient 6 months after chemotherapy for lymphoma. Note the small residual tumor mass (1x1.2 cm) in the right atrium (RA). Panel C is a photomicrograph of section of large cell lymphoma obtained with biopsy. Immunocytochemistry documented the lymphoma as B-cell type. RV, right ventricle; LV, left ventricle. (Panels B and C on following page.)
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