

This is a 44 year old female with PMH of PCOS, Obesity, HTN who presented with symptoms of cholecystitis and was found incidentally to have a large pericardial effusion. A pericardiocentesis was performed and the fluid analysis was consistent with Burkitt's lymphoma. Pericardial fluid was kappa light chain restricted CD10 positive monotypic B cells expressing FMC-7, CD19, CD20, and myc rearrangement consistent with Burkitt's Lymphoma. A subsequent lumbar puncture and bone marrow biopsy were negative for any involvement which made this a primary cardiac lymphoma. A cardiac MRI showed a mass that was 3cm x 1cm on the lateral wall of the right atrium adjacent to the AV junction.

She has a medical history as follows.

1. Rare migraines
2. HTN
3. Obesity
4. PCOS/infertility
5. Viral encephalitis/meningitis-->ICH-->seizure/stroke (["**2137**"]) == from severe sinus infection, caused mild non-focal residual deficits
6. CSF leak w/ meningitis s/p lumbar drain placement
7. R LE DVT s/p IVC filter placement
8. Knee surgery