

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