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LOEFFLER'S ENDOCARDITIS IN A PATIENT WITH NON-HODGKINS LYMPHOMA

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A 63-year-old male presented with congestive heart failure with complaint of dyspnea (NYHA II/III) and pleural effusion. ECG showed features of ST elevation anterior wall MI. He had a known B-cell-Non-Hodgkin-Lymphoma of the esophagus under treatment.

Echocardiography done elsewhere had revealed unclear structure of left ventricle with reduced diastolic function and bilateral pleural effusion. While taking clinical history patient revealed that he has been having dysponea since taking diuretics. The patient denied any history related to angina, claudication, syncopal attacks, peripheral edema or arrythmogenic disturbances. Rest of the systemic examinations did not reveal any significant abnormality.

Repeat echocardiography done at our institute one week after admission revealed mildly reduced left ventricular function with wall motion abnormality at apical and mid-ventricular segments. Papillary muscles were not visualized raising the suspicion of an intra-ventricular tumor mass/ thrombus considering the clinical profile of the patient. Right ventricle was unremarkable. To characterize the intracardiac mass a cardiac MRI was performed. Cine images showed generalized hypokinesia of the left ventricle. Phase sensitive inversion recovery sequences after administration of contrast revealed a large intra-ventricular thrombus in the left ventricle with circular subendocardial late gadolinium enhancement of the apical and mid-ventricular myocardial segments, characteristic for Loeffler's endocarditis (Figures 1, 2, 3). However the patient had no eosinophilia. Patient received anticoagulation for the thrombus and the immunosuppressive therapy with prednisone was continued.

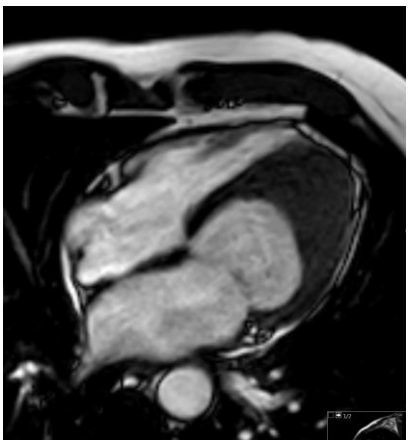

Figure 1: Axial 4-chamber view BTFE image showing isointense structure in left ventricle.

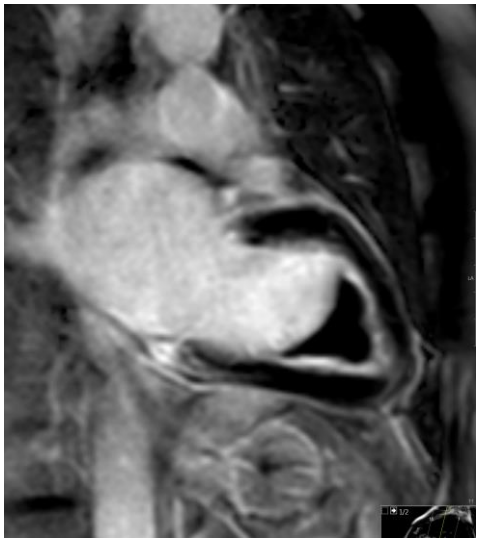

Figure 2: Phase sensitive inversion recovery 2-chamber view post-contrast image clearly depicting the large intra-ventricular thrombus in left ventricle.

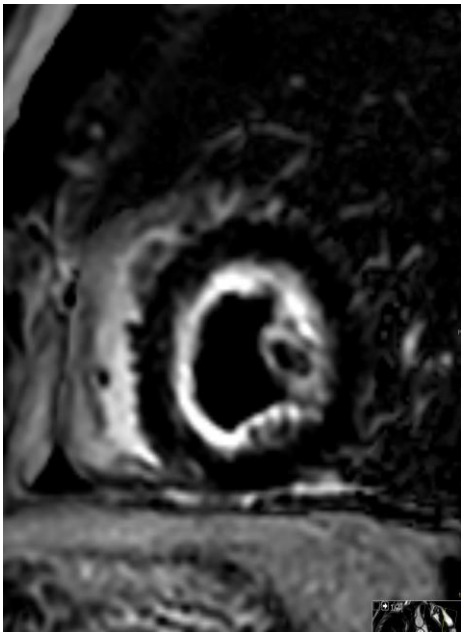

Figure 3: Phase sensitive inversion recovery Short-axis view post-contrast image showing the characteristic circumferential subendocardial enhancement of mid-ventricular myocardium. The enhancement was seen extending to involve the apical segments also.