A woman 25 weeks pregnant was transferred to our institution for emergent evaluation of dyspnea and near syncope. Referral transesophageal echocardiography (TEE) was interpreted as pulmonic stenosis. Physical examination revealed a tachypneic woman in moderate respiratory distress; her blood pressure was 112/82, heart rate 112 sinus tachycardia. Cardiac examination demonstrated 10 cm jugular venous distension diminished heart sounds without murmur or knock. Repeat TEE in our facility (Figs. 1A and B) showed a large pericardial effusion, raising a question of mass with extensive compression of the right ventricular outflow tract (RVOT) and Doppler evidence of systolic pulmonary hypertension of 50 mmHg.

Emergent magnetic resonance imaging (MRI) confirmed the presence of a 15 cm wide × 15 cm cephalocaudal × 9 cm anterior-posterior mediastinal mass (Fig. 1C). Computed tomography-guided pericardial drainage produced 500 ml of a bright serosanguinous fluid. Cytology later revealed a diffuse large B-cell lymphoma subtype E.

This was a rare case of malignant tamponade presenting as acute pulmonic stenosis. The initial TEE interpretation failed to note an extrinsic mass compression of the RVOT. Chemotherapy began on an emergent basis. The remainder of hospital course was uneventful. The patient delivered a normal baby boy. Both are reportedly doing well after 3 months.