**PERICARDIAL EFFUSION IN A NON-HIV PATIENT AS A HARBINGER FOR A RARE PRIMARY EFFUSION LYMPHOMA**

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**Introduction**: Primary effusion lymphoma (PEL) is a B-cell lymphoma that is restricted to serous body cavities and characteristically form no solid tumor masses unlike other lymphomas. This unique lymphoma also has a predilection for arising in pleural, pericardial, peritoneal and other body cavities. Most cases of PEL are found in HIV infected patients and co-infection with HHV-8 is almost always present.

**Case**: A 79-year-old Cambodian female with chronic kidney disease and hypertension presented with shortness of breath for one month. On examination, patient had muffled heart sounds and positive pulsus-paradoxus. An echocardiogram showed a large pericardial effusion with mild right ventricular diastolic compression. Labs showed LDH of 345 IU/L and negative HIV. Patient underwent a pericardial window with drainage of 500mL of hemorrhagic pericardial fluid. Although the pericardial biopsy specimen was negative for lymphoma, cytology of the pericardial fluid revealed B-cell lymphoma. Bone marrow biopsy and cerebrospinal fluid cytology was negative for lymphoma. Flow cytometry of pericardial fluid revealed lymphocytes predominantly of B-cell origin expressing lambda light surface antigen, CD19, CD20, CD22, HLA-DR, CD38, and partial CD10. HHV-8 and EBV testing was negative. PET scan showed no lymphadenopathy or solid organ lesions corroborating PEL diagnosis. Patient was started on chemotherapy regimen with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone and showed good response.

**Discussion**: As described in this case, recurrent exudative pericardial effusions even in HIV negative patients can be a harbinger of PEL. Although cases of HHV-8 negative PEL in HIV negative patients have been reported, pericardium involvement in this setting is extremely rare. A case series of PEL in HIV, HHV-8 negative patients found only two cases involving the pericardium. Treatment modalities have not been well researched in this sub-set of patients and prognosis is usually very poor with average survival <6 months. This case illustrates the importance of promptly recognizing this disease since delaying treatment may worsen the already guarded prognosis of PEL.