A foreign 72-year-old man who had diabetes mellitus and hypertension was admitted to the emergency room with severe chest pain and dyspnea. Physical examination upon arrival was found to be unremarkable, with a pulse rate of 70 beats/minute and a blood pressure of 115/75 mm Hg. Initial 12-lead electrocardiogram revealed sinus rhythm with minimal ST segment elevations in leads DII, DIII, aVF, and V4-V6, without reciprocal ST segment changes. Inferior wall motion abnormalities were detected in emergency bedside two-dimensional transthoracic echocardiographic examination. The echocardiogram revealed constrictive physiology of the mitral and tricuspid valves and pericardial thickening in the atrioventricular (AV) groove. The early diastolic velocity of the lateral mitral annulus and that of the septal annulus was not reduced in tissue Doppler imaging. The patient was referred to emergency coronary angiography with the diagnosis of acute coronary syndrome. Coronary angiography (Fig. 1a, b) showed coronary artery disease (three-vessel disease) and massive calcification along the AV groove. Reconstructed images of cardiac computed tomography (Fig. 2a, b) demonstrated massive, ring-shaped calcification along the AV groove. The patient underwent an extensive pericardial resection and coronary artery bypass graft surgery.

Successful management of complications after inappropriate positioning of a hemodialysis catheter

A 61-year-old woman with a history of diabetes mellitus, hypertension, and chronic renal impairment was admitted with complaints of fever and inadequate hemodialysis. She had been undergoing catheter-based hemodialysis 3 times a week for 6 months. Chest X-ray revealed that the tip of the catheter was

![Figure 1](image1.png)

**Figure 1.** (a) Chest X-ray showing the catheter (arrow) extending to the right ventricle. (b) Transthoracic echocardiographic view showing the catheter and the thrombus attached to it (arrow indicates the catheter; RV - right ventricle). (c) Transthoracic echocardiographic view after surgical removal of the catheter demonstrating the thrombus attached to the tricuspid valve (arrow indicates the thrombus; RV - right ventricle, TV - tricuspid valve). (d) Transthoracic echocardiographic view after heparin infusion complete resolution of the thrombus (RV - right ventricle, TV - tricuspid valve)