Iatrogenic pneumopericardium

Ercan Varol, Mehmet Ozaydin*, Cahit Ağçal

Department of Cardiology, Isparta State Hospital, Isparta, Turkey.
*Department of Cardiology, Medical Faculty, Süleyman Demirel University, Isparta, Turkey

An 85-year-old women presented with dyspnea, fatigue, dizziness and palpitation. An electrocardiogram showed atrial fibrillation with a ventricular rate of 110/min irregularly irregular rhythm and ST-T wave changes. The chest radiograph showed cardiomegaly (Fig. 1). An echocardiographic examination showed normal left ventricular systolic function, grade 1 tricuspid regurgitation and pericardial effusion (anterol wall: 25 mm, apex: 20 mm, posterior wall: 18 mm). The pericardiocentesis was performed. The pericardial fluid was transudative in nature. Repeat chest radiograph showed a new lucent outline of the heart (Fig. 2). The air can be seen circumferentially around the heart and most importantly beneath the heart in Fig 1 (without this latter finding only a diagnosis of pneumomediastinum can be made). Because of the leakage in drainage system a pressure pneumopericardium developed. This was the iatrogenic cause of pneumopericardium. She was treated conservatively.

Address for Correspondence: Dr Ercan Varol, Anadolu Mah. ESO (Memur) Evleri C blok No: 5 32200 Isparta, Turkey
E-mail: drercanvarol@yahoo.com

Figure 1. The chest radiograph showing cardiomegaly

Figure 2. The chest radiograph showing a new lucent outline of the heart (the air circumferentially around the heart) representing pneumopericardium