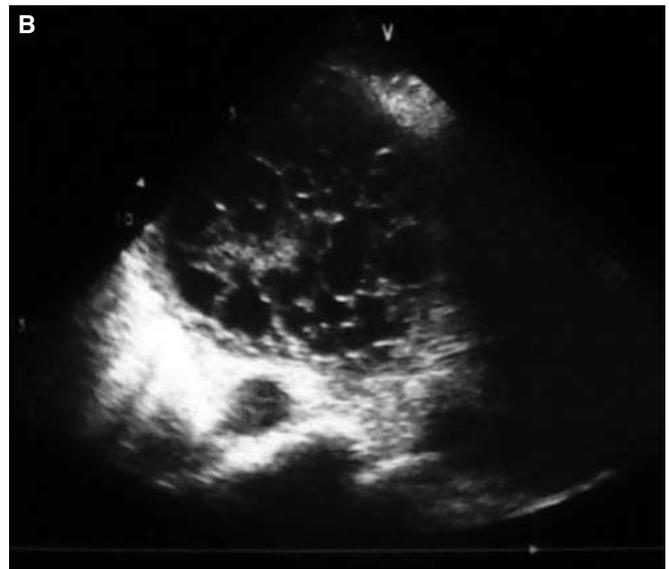
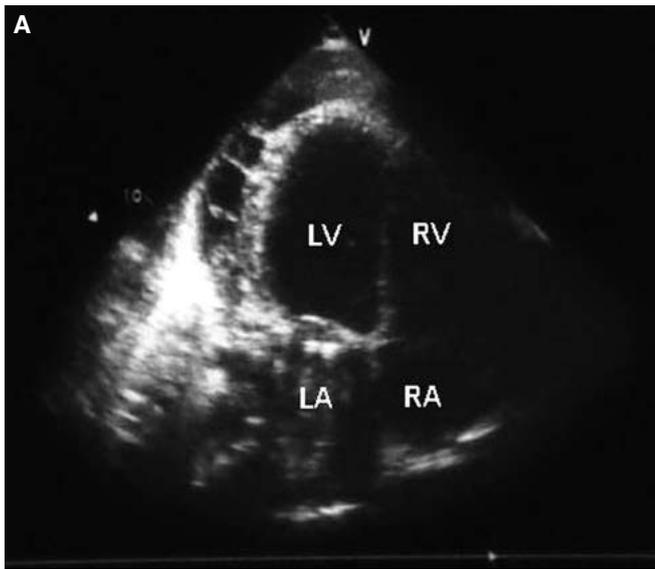


Görüntülü olgu örnekleri

Case images

Spider in the heart

Kalpteki örümcek



Arda Şanlı Ökmen

Department of
Cardiology, Memorial
Hospital, İstanbul

A 56-year-old male patient presented with cough, night sweats, fever, and weight loss of five-month history. Transthoracic echocardiography was performed for further

investigation of cardiomegaly detected on the chest X-ray. The echocardiogram showed pericardial effusion of moderate size, associated with numerous fibrin strands extending from the epicardial surface to the parietal pericardium (Fig. A). A modified apical view of the pericardium obtained by backward tilting of the probe showed a spider-web appearance formed by side-to-side connections of fibrin strands (Fig. B). The tuberculin skin test was positive. Pericardiocentesis was performed for diagnostic purpose and only 50

ml of fluid could be aspirated because of catheter occlusion. *Mycobacterium tuberculosis* was isolated from the pericardial fluid culture. The fibrin strands and pericardial fluid disappeared after three months of appropriate antituberculosis therapy. Pericarditis caused by tuberculosis is difficult to diagnose because definitive diagnosis requires culturing *Mycobacterium* species from aspirated pericardial fluid or pericardial biopsy specimens. Fibrinous pericarditis is an exudative inflammation consisting of fibrin strands and leukocytes. A broad differential diagnosis is necessary including acute myocardial infarction, postinfarction Dressler's syndrome, uremia, radiation, rheumatoid arthritis, systemic lupus erythematosus, and infectious etiologies. Failure to recognize and treat this condition will result in progressive pericardial scarring, thickening and calcification, and ultimately constrictive pericarditis.

Figures. (A) Apical four-chamber view showing pericardial effusion. **(B)** Modified apical view showing a spider-web appearance formed by the fibrin strands.