## Cardiac tamponade and gastric adenocarcinoma

## To the Editor,

A recent report on "Cardiac tamponade as the first clinical sign of gastric adenocarcinoma: a rare condition" is very interesting.<sup>[1]</sup> Arisoy et al. concluded "physicians should be aware of malignancy of the stomach when patients present with unexplained cardiac manifestations."<sup>[1]</sup> Indeed, the cardiac tamponade due to malignant effusion can be seen in any malignancy (such as vaginal<sup>[2]</sup> or endometrial<sup>[3]</sup> adenocarcinoma). The important consideration is on the history-taking and early diagnosis of cardiac tamponade. <sup>[2]</sup> As noted by Roy et al., "a pulsus paradoxus >10 mmHg among patients with pericardial effusion helps distinguish those with cardiac tamponade from those without."<sup>[4]</sup> Focusing on gastric adenocarcinoma, the pericardial involvement can be seen and result in pericardial effusion. However, not all cases will end up with cardiac tamponade. In addition, sometimes, only carcinomatous pericarditis can be seen.<sup>[5]</sup> Furthermore, it should be noted that not all pericardial effusions in the patients with gastric adenocarcinoma are malignant.<sup>[6]</sup> Sometimes, the rare infection in the patients with gastric cancers, who are immunocompromised, can be seen.<sup>[6]</sup>

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