Clinical vignette

An unusual complication of a pericardial window

Rudolf Martin Duehmke*, Patrick A. Calvert, and Peter M. Schofield

Department of Cardiology, Papworth Hospital NHS Trust, Papworth Everad, Cambridge CB3 8RE, UK

*Corresponding author. Tel: +44 7813957805; fax: +44 1480364355. E-mail address: duhmke@hotmail.com

A 59-year-old man, with known metastatic non-small cell lung cancer presented with a 3-week history of increasing dyspnoea and clinical features of cardiac tamponade. Echocardiography confirmed a large pericardial effusion with diastolic right ventricular collapse. The effusion re-accumulated despite prolonged pericardial drainage. Therefore, a subxiphoid pericardial window was performed. The patient became increasingly breathless and hypotensive on the first post-operative day. Transthoracic echocardiography was unable to produce any interpretable sonographic images of the heart, despite excellent pre-operative windows (Panel A). Chest radiograph (Panel B) and subsequent computed tomographic scan (Panels C and D) revealed a bowel loop herniating through the pericardial window into the pericardial space compressing the heart. The patient underwent re-operation with a Marlex mesh repair of the diaphragmatic defect and subsequently recovered uneventfully. This case illustrates an unusual case of cardiac tamponade in patients with malignancy.