An 9-year-old black African boy was admitted for tachypnoea. His medical history was free of event. Clinical examination revealed abolition of vesicular murmur in the right lung, tachycardia, and mild jugular venous distension. Chest X-ray showed complete opacification of the right hemithorax due to a pleural effusion. A few hours later, the patient developed hypotension with pulsus paradoxus indicative of cardiac tamponade. Transthoracic echocardiography showed large pericardial effusion with diastolic collapse of the right atrial and ventricular free walls (Panel C). Doppler examination found exaggerated respiratory variations in transvalvular flows. Management consisted in volume expansion and a stepwise delivery of intravenous diuretic therapy in decompensated heart failure: the EVEREST clinical status trials. After a 3 months follow-up, he is doing well.

Cardiac tamponade is rare in childhood. T-cell lymphoma accounts for a limited number of cases. Tuberculosis is a classical aetiology of large pericardial effusion, especially in developing countries and has to be systematically eliminated. Our case reports the safety and effectiveness of pigtail catheter drainage of both massive pleural and pericardial effusions in a critically-ill child.