
References

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CARDIOVASCULAR FLASHLIGHT

Crab moving sideways...

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A 63-year-old woman presented in the Emergency Room with progressive dyspnoea and sharp chest- and interscapular pain since 3 h. Clinical examination, ECG, and blood analysis upon arrival, including D-dimer testing, were normal. Echocardiography revealed a moderate pericardial effusion with no arguments for cardiac tamponade. Computed tomography angiography excluded an aortic dissection. The patient was admitted to the coronary care unit and was treated for pericarditis with high doses of aspirin. Three hours later, the patient suddenly collapsed. Control echocardiography revealed a rapidly progressive pericardial effusion with tamponade. Because of the unstable condition and the rapidly progressive character of the effusion, the patient was sent to the Operating Room. Urgent surgery revealed a haemorrhagic pericardial effusion. The inferior right ventricular wall was perforated by a 3 cm long sharp piece of crab that was sticking through the diaphragm (Panel A, arrow 1, and Panel B) and causing a pulsatile blood flow (Panel A, arrow 2) from the inferior right ventricular wall. The piece of crab was probably ingested during a sushi-dinner 4 days before. Secondary migration from the distal oesophagus to the pericardial sac is assumed, followed by perforation of the right ventricular inferior wall and further migration through the diaphragm to the liver. Retrospective analysis of the CT-images revealed the calcified crab part penetrating the pericardium and liver (Panel C, arrow 3). The patient recovered well and went home 6 days later. She will never eat sushi again.

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