A 63-year-old man presented with worsening shortness of breath 2 years post three vessel coronary artery bypass grafting and mitral valve repair. He was known to have significant residual mitral regurgitation (MR). Repeat investigations revealed severe MR and an occluded saphenous vein graft supplying a chronically occluded left circumflex artery (LCx). A multidisciplinary team referred the patient for percutaneous coronary intervention (PCI) to the native LCx, in hope of providing some symptomatic relief.

Post PCI the patient developed pulmonary oedema and cardiogenic shock. Transthoracic echocardiography (TTE), performed under difficult circumstances, reported no significant changes. An intra-aortic balloon pump was inserted. Repeat angiogram confirmed patent stents with TIMI 3 flow.

TTE was repeated due to ongoing haemodynamic instability. The more experienced operator recognized a pericardial haematoma. Transoesophageal echocardiography 3 weeks later confirmed resolution of the haematoma after conservative management.

Supplementary data are available at European Journal of Echocardiography online.