

Images

Cardiac tamponade due to mediastinal extension of intrahepatic pancreatic pseudocysts

Ascites or pleural effusions are common in patients with pancreatitis, but pericardial effusion leading to cardiac tamponade is a rare complication.^{1,2} Moreover, intrahepatic pancreatic pseudocysts are unusual findings in acute and chronic pancreatitis.³ Here, we report the case of an 81-year-old man with a history of alcohol-induced chronic pancreatitis who presented to the emergency unit with dyspnoea, shivering and epigastric pain. Clinical examination revealed tachycardia (121 beats per minute) and hypotension (80/40 mm Hg). Bloodwork indicated elevated inflammatory markers, liver enzymes, cholestatic parameters and lipase.

The patient was transferred to the intensive care unit, where echocardiography confirmed a large circumferential pericardial effusion. A subxiphoid pericardial drain was placed, stabilising his condition (figure 1A, B, green arrow). Subsequent CT imaging showed intrahepatic pancreatic pseudocysts (figure 1C, red arrow) extending into the pericardial sac (figure 1A, B, red arrow). As endosonography revealed vascular structures between the gastric wall and the pseudocysts, a percutaneous approach was preferred in this case. These intrahepatic collections were drained using percutaneous pigtail catheters (figure 2A, B, red arrow), and *Escherichia coli* was identified in the aspirates. Furthermore, biochemical analysis could detect leucocytes (467/μl) with an 82.6% proportion of granulocytes and elevated levels of lactate dehydrogenase (358 U/L), lipase (95 U/L) and lactate (40.6 mg/dL), confirming the pancreatic origin of the

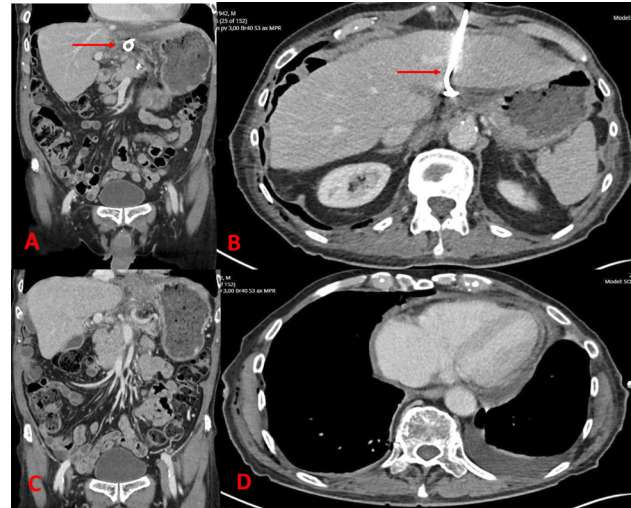


Figure 2 (A) and (B) Transhepatic pigtail drain placement. (C) and (D) Resolution of intrahepatic and pericardial collections.

collection. A follow-up CT scan confirmed the resolution of pericardial and intrahepatic effusions (figure 2C, D). After completing antibiotic therapy with Piperacillin/Tazobactam, the patient was transferred to a general ward and later discharged in good condition following drain removal.

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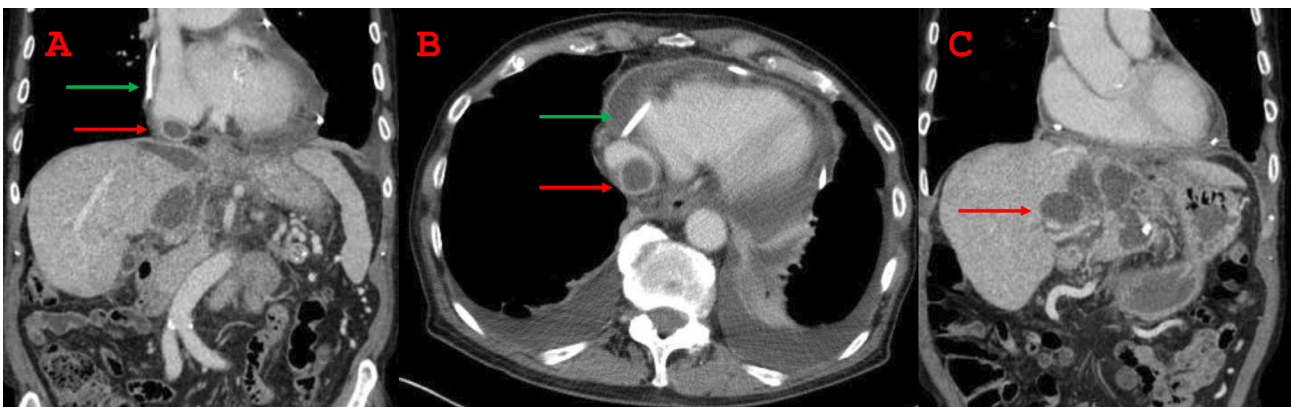


Figure 1 (A) Intrahepatic pancreatic pseudocysts (B) and (C) extending into the pericardial sac.

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