

Reporting a patient with chronic cardiac tamponade in a life threatening disease (tuberculosis pericarditis)**Zeinab Norouzi², Arash Amin-Beidokhty¹, Ali Amiri³, Mohammad Almasian³, Abbas Azadi³ and Abdol-Reza Kherollahi³**¹Shahid Rajaie Hospital- Iran University of Medical Sciences, Iran²Lorestan University of Medical Sciences, Iran³Lorestan University of Medical Sciences, Iran

Cardiac tamponade happens when the collection of fluid in pericardial space is more quickly than the expansion of the pericardial sac to incorporate the excess fluid. It can cause a high pressure in pericardial sac and prevents the effective heart contraction. In acute tamponade, a small amount of fluid can cause problem and even death for the patient, but in chronic tamponade, the pericardial sac can stretch to hold more than even 1000 mL, without significant symptoms in patient. This form of tamponade happens in tuberculosis pericarditis. We report a patient with chronic tamponade due to tuberculosis pericarditis. A 13 year old female, presented to the clinic with hematuria, dysuria, fatigue and peripheral edema. She was completely comfortable and the vital signs were stable. A computerized tomography (CT) scan of abdomen and pelvis was ordered that revealed moderate ascites, right-sided pleural effusion, and massive pericardial effusion. She was admitted to the hospital. The positive signs in complete physical exam was rising of JVP, decreased the respiratory sounds in right hemithorax, paradoxical pulse and 1+ edema in the lower limbs. Also, the heart sounds were muffled. The initial ECG showed tachycardia and low voltage of QRS complex. Echocardiographic findings were 3.6 cm pericardial effusion and the collapse of right ventricle in diastole. Pericardio synthesis and pericardial window were recommended and 2500 mL of bloody fluid was drained. Pericardial effusion analysis showed lymphocyte dominance and a high level of ADA (80 U/L). The work up for TB was negative. According to the symptoms, pericardial and pleural effusion and high level of ADA and living in endemic area for TB, empiric therapy was initiated and the response of the patient was excellent without any complications in two months follow up.

Biography

Zeinab Norouzi has recently completed her Graduation in Medicine at Lorestan University of Medical Sciences, Iran. Her interests include "Diabetes mellitus, internal medicine and cardiology". She is writing two books: One is about diabetes mellitus with focus on Patient Education. The other is about Cardiology for Medical Students. Both of them will be published in *Persian* in 2017.

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