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AC084

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

BACTERIAL ASSOCIATED LARGE PERICARDIAL EFFUSION IN A TUBERCULOUS ENDEMIC REGION – A CASE REPORT.

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Background: Large pericardial effusion is commonly attributed to tuberculous pericarditis as opposed to bacterial aetiology. It can be associated with life-threatening complications like cardiac tamponade. This case highlights a non-tuberculous infective pericardial effusion and further highlights the need for thorough evaluation in this group of patients.

Patient and methods: We report a 35-year-old otherwise healthy lady who presented with pleuritic central chest pain and low-grade fever of about a month's duration, and abdominal pain of 2 weeks. She had a history of a dental procedure a few weeks prior to the onset of symptoms.

Results: At admission, she was febrile, had tachycardia, distended neck veins and the apex beat was difficult to locate. The chest radiograph showed cardiomegaly (CTR: 71%) with absent prominent vascular markings. The ECG done revealed sinus tachycardia. The echocardiography revealed thickened pericardium, massive circumferential pericardial effusion, collapsing RA, and dilated IVC with reduced collapsibility. Erythrocyte Sedimentation Rate - 24mm/hr (0-20), C-reactive protein - 34mg/L (1-10). She had an urgent fluoroscopy-guided pericardiocentesis. Pericardial fluid cytology showed a neutrophilic collection within a proteinaceous background, with no atypical cells. Further analysis revealed elevated ADA and growth of Enterobacter spp., which were sensitive to Piperacillin/Tazobactam and Gentamicin. Pericardial fluid analysis for acid-fast bacilli and GeneXpert testing for mycobacteria were negative. The infection was successfully treated with antibiotics, resulting in symptom resolution.

Conclusion: This case report presents an unusual presentation and aetiology of a large pericardial effusion in a healthy young Nigerian adult from a tuberculosis-endemic region.

Keywords: Large pericardial effusion, Bacterial pericarditis