



The Importance of Follow-up Pericardial Effusion after Cardiac Surgery

Kardiyak Cerrahi Sonrası Perikardiyal Efüzyon Takibinin Önemi

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57-year-old male patient presented to our cardiology outpatient unit with progressive dyspnea even at rest. His past medical history included coronary artery bypass grafting (CABG) five years ago. It was also identified from the patient history that pericardiocentesis was performed on two different occasions soon after CABG. Since then, he had been lost to follow-up. His physical examination was unremarkable except for mild tachycardia. Chest x-ray showed an increased cardiothoracic ratio (Figure 1A). Left ventricular systolic functions and dimensions were normal on transthoracic echocardiography (TTE), although a 4.4 cm solid collection compressing on the left ventricle with a consequent limitation of diastolic functions was identified. The collection was located adjacent to the lateral wall of the left ventricle and was extending infero-posteriorly in the pericardial space (Figure 1B, 1C). The cardiac magnetic resonance imaging (MRI) results were consistent with echocardiographic findings (Figure 2A, 2B). Pericardiocentesis was not planned since the collection was solid in nature and surgery was performed soon after imaging studies. The appearance of the collection was suggestive of an organized thrombus adherent to the ventricle, and the lesion was evacuated (Figure 2C). Histopathologically the lesion was diagnosed as fibrinous pericarditis. A complete symptomatic improvement occurred after surgery and the patient was discharged on medical treatment.

As exemplified in this report, we wanted to emphasize the importance of echocardiographic and clinical follow-up of patients with post-operative pericardial effusion after cardiovascular surgical procedures.

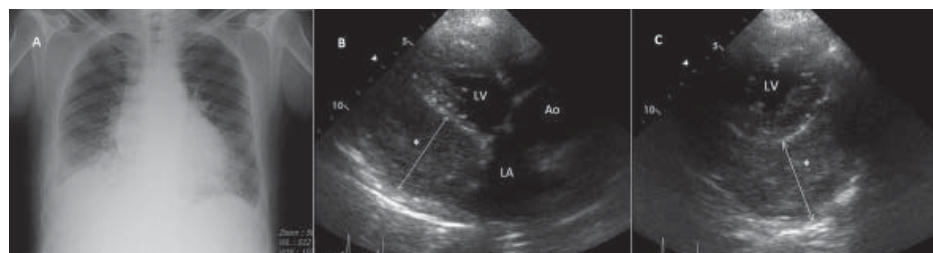


Figure 1. (A) Increased cardiothoracic index on chest x-ray, (B and C) Transthoracic echocardiography showing a solid collection, adjacent to the lateral, inferior and posterior walls of the left ventricle and extending into the pericardial space (asterisk sign).

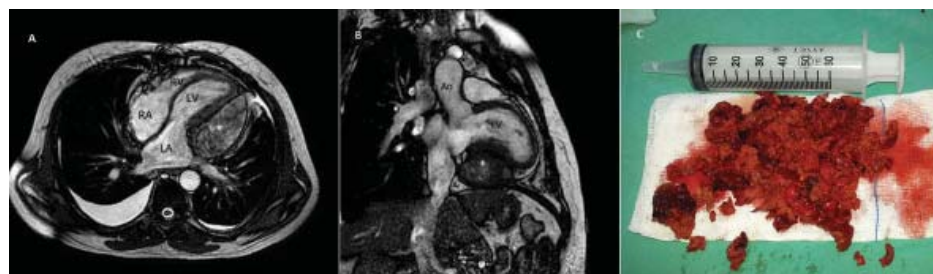


Figure 2. Magnetic resonance images of the collection on transverse (A) and sagittal (B) planes (asterisk sign) (C) Postoperative view after removal of the collection.

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