

## Case images

## Olgu görüntüsü

## Pseudo-pericardial tamponade caused by huge mediastinal metastatic mass

## Metastatik kitle nedeniyle oluşan yalancı perikardiyal tamponat kliniği

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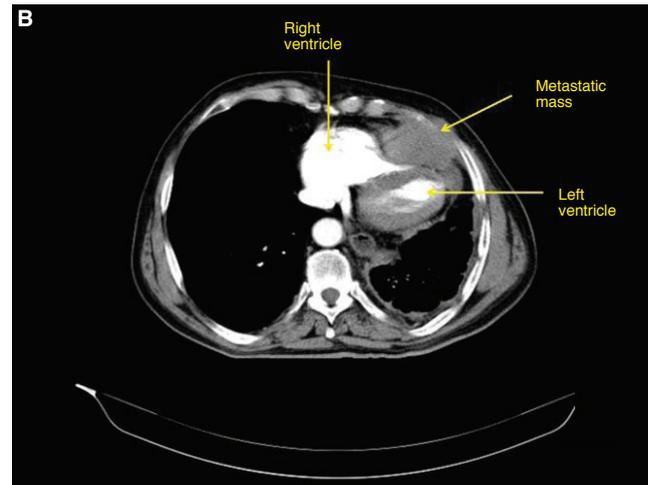
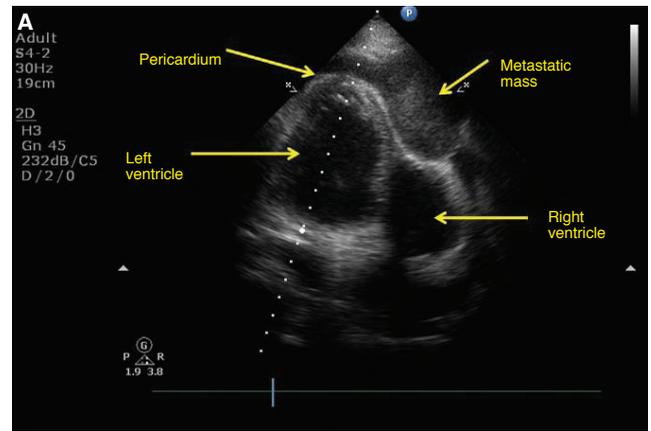
A 71-year-old male with diagnosis of malignant mesothelioma of 3 years presented at emergency department with complaints of dyspnea during normal daily activities for 2 weeks, and fever, night sweats, and weakness for the last week. Physical examination revealed narrow pulse pressure of 13 mmHg (blood pressure: 112/99 mmHg), diminished heart sounds, and elevated

jugular venous pressure of 11 cm H<sub>2</sub>O. Urgent echocardiography showed mild pericardial effusion and compression of right ventricular mid-apical free wall by huge anterior mediastinal mass measuring 6.1x4.2 cm (Figure A). Thoracic computed tomography confirmed mediastinal mass with diameter of 6.9x5.1 cm (Figure B). After initial evaluation, supportive treatment with nasal oxygen and intravenous fluid infusion was initiated and the patient was referred for surgical treatment. Pericardial metastasis is common presentation of various malignancies. Right ventricle



is more prone to diastolic compression by pericardial fluid or extracardiac mass than left ventricle. Pseudo-cardiac tamponade is an occasional syndrome that may be

observed in patients with malignancy and should be considered in differential diagnosis of clinical pericardial tamponade with absent or mild pericardial effusion.



**Figures– (A)** Apical 4-chamber view of right ventricle compressed by metastatic mass. **(B)** Computed tomography image of right ventricle compressed by metastatic mass.