Constrictive pericarditis in catheterization laboratory

Kateter laboratuvarında konstriktif perikardit

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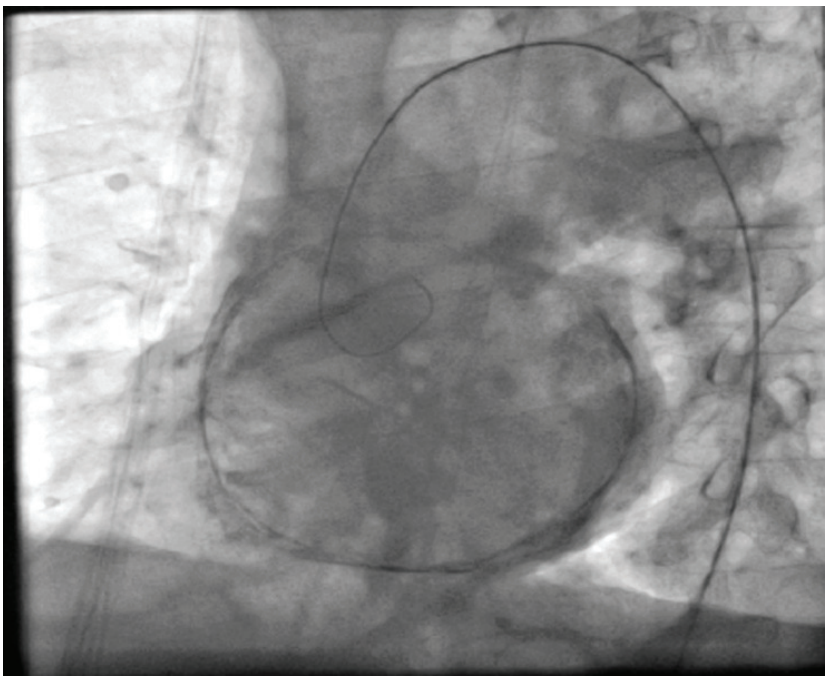
A 62-year-old male presented with dyspnea, jaundice and generalized edema. His medical history showed breathing difficulty during the previous 5 years, which had become serious over the latter two, and systemic edema over the previous 9 months. The history also revealed that he had had pleural drainages on several occasions and had been treated as if he had congestive heart failure. He had also undergone abdominal surgery for severe right upper quadrant pain, with no apparent cause found during surgery, except for the presence of hepatomegaly and ascites. The patient had no history of hypertension, coronary heart disease, hyperlipidaemia, diabetes, valvular disease of the heart, or thyroid disease, and no family history of premature cardiovascular disease. His physical examination was remarkable for jaundice, generalized edema, elevated jugular venous pressure and bilateral pleural effusions. His electrocardiogram was within normal limits. A chest X-ray revealed right pleural and mild pericardial calcifications. Doppler findings in echocardiography were typical of constrictive pericarditis, with exaggerated anterior motion of the septum. As a part of further examination, right and left heart catheterization was attempted. Heavy calcification of the pericardium was apparent on fluoroscopy, and created a distinct image as seen in Figure and Video 1*. He underwent successful surgery and was discharged from the hospital on postoperative day five.



Figure– Heavy calcification of the pericardium. **Supplementary video file associated with this presentation can be found in the online version of the journal.*