

A Complication Developing After Palliative Esophagus Stent Implantation: Pneumopericardium

Palyatif Özofagus Stent İmplantasyonu Sonrası Gelişen Bir Komplikasyon: Pnömo-perikardiyum

A 50-year-old male patient, who was diagnosed with stage 4 liver adenocarcinoma 1 year ago, developed dysphagia secondary to esophageal metastasis during his follow-up, and therefore, a stent was implanted palliatively in the distal esophagus.

CASE IMAGE OLGU GÖRÜNTÜSÜ

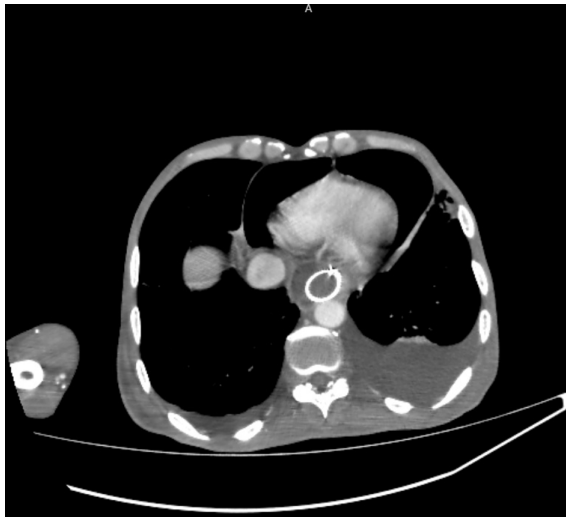





Figure 1. CT thoracic-sectional images of pneumopericardium surrounding the heart. CT, computed tomography.



Figure 2. Image of pneumopericardium between pericardial membranes on anteroposterior thoracic computed tomography.

Ömer Faruk Yılmaz, M.D. 
İbrahim Etem Dural, M.D. 
Ersel Onrat, M.D. 

Department of Cardiology,
Afyonkarahisar University of Health
Sciences, Afyonkarahisar, Turkey

Corresponding author:
Ömer Faruk Yılmaz
✉ dryilmazomer@gmail.com

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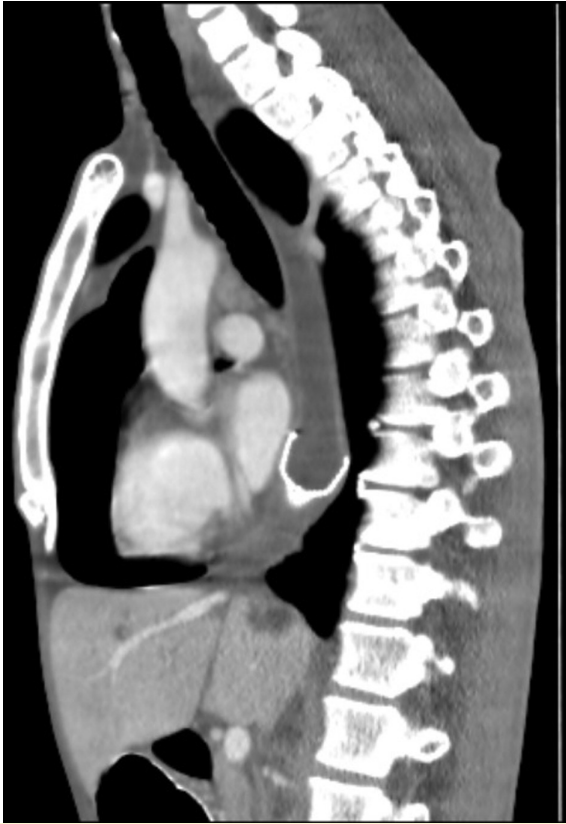


Figure 3. Lateral CT-sectional image of the esophagus stent considered to be fistulized. CT, computed tomography.



Figure 4. Slightly zoomed in lateral CT-sectional image of the esophagus stent considered to be fistulized. CT, computed tomography.

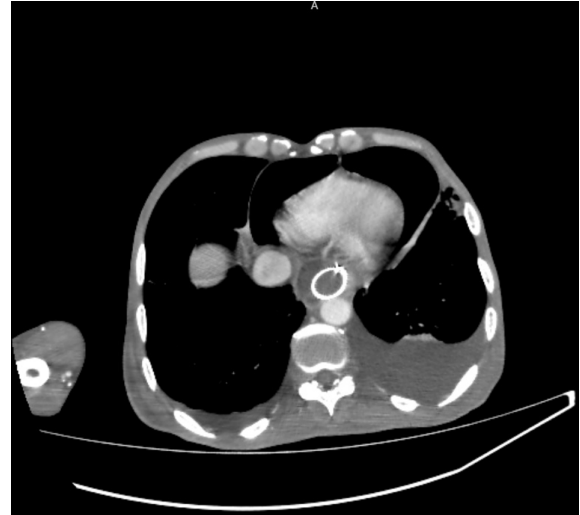


Figure 5. Transverse CT-sectional image of the esophagus stent considered to be fistulized. CT, computed tomography.

The patient had nausea and weakness after the procedure, and 4 days after the procedure, the patient was admitted to the emergency service with syncope. In emergency service, his blood pressure was 80/40 mmHg, pulse rate was 120 beats per minute (bpm), respiratory rate was 22 breaths per minute, body temperature was 36.2°C, and oxygen saturation was 98% on room air. Thorax computed tomography yielded air-filled space approximately 3 cm width in the pericardial space (Figures 1 and 2). We considered that pneumopericardium may have occurred secondary to esophageal stent implantation as there were cross-sectional images suggestive of this situation in the contrast-enhanced computed tomography (Figures 3 and 4). With echocardiography, the heart could not be visualized because of pneumopericardium. Three hundred milliliters of air was aspirated immediately by evacuative pericardiocentesis under emergency service conditions. Pericardial space was checked in echocardiography after air aspiration, and no significant air or fluid was encountered. After pericardiocentesis, his blood pressure was 90/60 mmHg, pulse rate was 109 bpm, respiratory rate was 22 breaths per minute, and oxygen saturation was 96%-98% on room air. The patient was hospitalized and followed up by the oncology clinic. While the patient's cardiac condition was stable, he died on the 20th day of his hospitalization due to septicemia related to his primary disease (Figure 5).

Informed Consent: Written informed consent was obtained to share their relevant medical history and laboratory results from the patient participating in this case.

This case was presented as a poster at the 37th Turkish Cardiology Congress with International Participation.