

Cardiac Tamponade Induced by Malignancy-Associated Chylopericardium

Malignite ile İlişkili Şiloperikardiyum Tarafından İndüklenen Kardiyak Tamponad

A 62-year-old male patient was diagnosed with metastatic lung adenocarcinoma 3 months ago, but chemotherapy was not initiated due to his poor performance. The patient suffered from chest pain accompanied by dyspnea during the hospitalization. On physical examination, blood pressure was 80/55 mmHg, heart rate was 106/min, heart sounds were muffled, respiratory rate was 28/min, and neck veins were dilated.

Electrocardiogram and thoracic computed tomography images are shown in Figures 1 and 2. The pericardial effusion and diastolic collapse of the right atrium and right

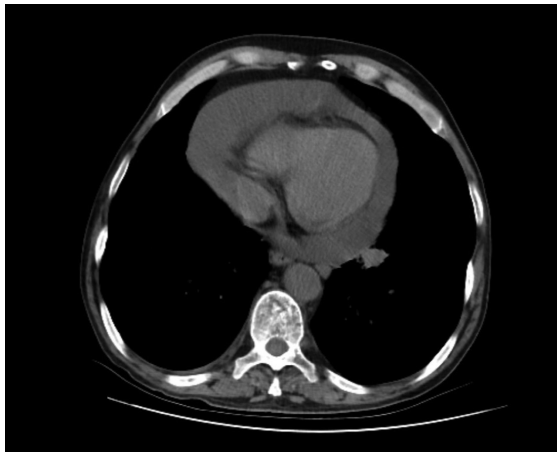


Figure 1. Pericardial effusion image on computed tomography.

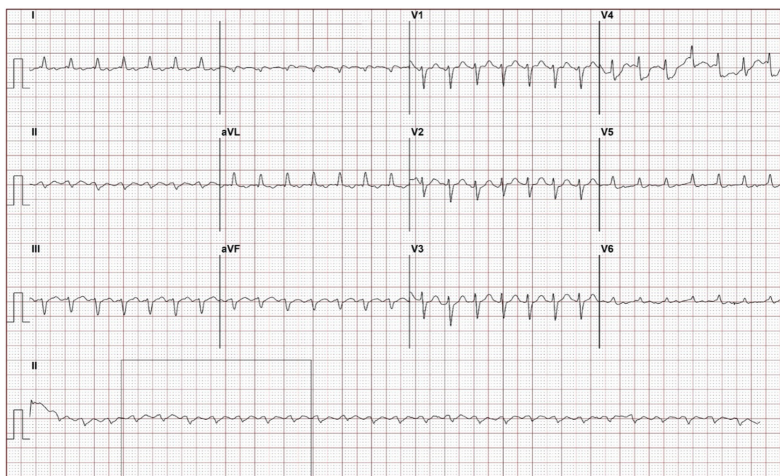


Figure 2. Electrocardiogram image of the case with sinus tachycardia and decreased QRS amplitude.

CASE IMAGE OLGU GÖRÜNTÜSÜ

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Received: September 2, 2022
Accepted: September 19, 2022

Cite this article as: Biçer NS, Yurt R, Uysal C, Kalay N, Bozkurt O, Koçyiğit İ. Cardiac tamponade induced by malignancy-associated chylopericardium. *Türk Kardiyol Dern Ars.* 2023;51(6): 429-430.

DOI:10.5543/tkda.2022.65645



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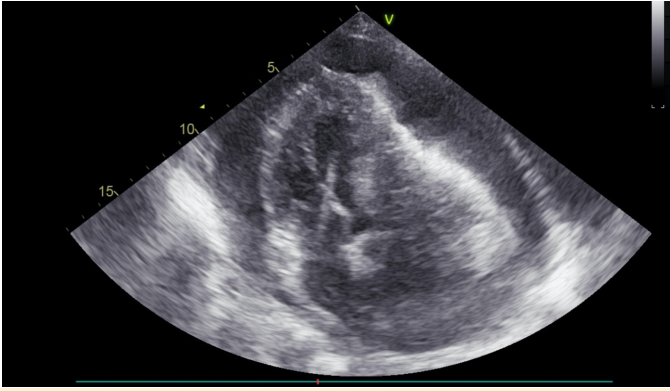


Figure 3. Echocardiographic image of pericardial tamponade adjacent to the right atrium surrounding the heart.



Figure 4. The milky-white appearance of pericardial fluid.

ventricular were observed in echocardiography. The thickness of the pericardial fluid surrounding the right ventricular was approximately 31 mm at the widest point, and the image is shown in Figure 3.

A drainage catheter was inserted via immediate pericardiocentesis. In a milky opaque appearance, about 2500 mL of fluid was drained, and shown in Figure 4. The biochemical analysis results of fluid were as follows: protein, 4.25 g/dL, cholesterol, 99 mg/dL, and triglyceride, 465 mg/dL.

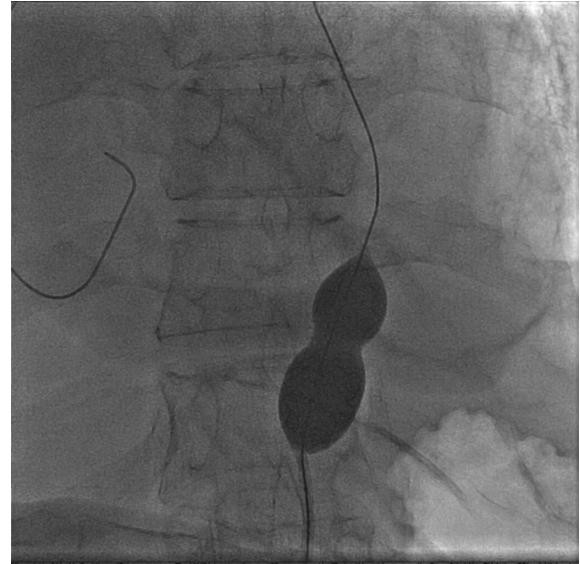


Figure 5. The image of the balloon placement process into the pericardium.

The percutaneous balloon pericardiotomy was performed due to the daily drainage volume remaining around 500 mL for 5 consecutive days. The procedure image is shown in Figure 5. New-onset fluid was not observed in control echocardiography 1 month later.

In this case, conservative treatment with pericardiocentesis has not been curative, and pericardial balloon placement was preferred due to poor clinical status. Patients with resistant effusion or cardiac tamponade often require surgical interventions. However, percutaneous balloon pericardiotomy can be tried in patients who are poor candidates for surgery or have multiple comorbidities, although the recurrence rate is high.

Informed Consent: Informed consent was obtained from the patient for the publication of the case image and the accompanying images.

Peer-review: Internally peer-reviewed.

Author Contributions: Concept - N.S.B.; Design - N.S.B., İ.K.; Supervision - N.K.; Material - R.Y.; Data Collection and/or Processing - R.Y.; Literature Review - O.B.; Writing - C.U.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declare that this study had received no financial support.