

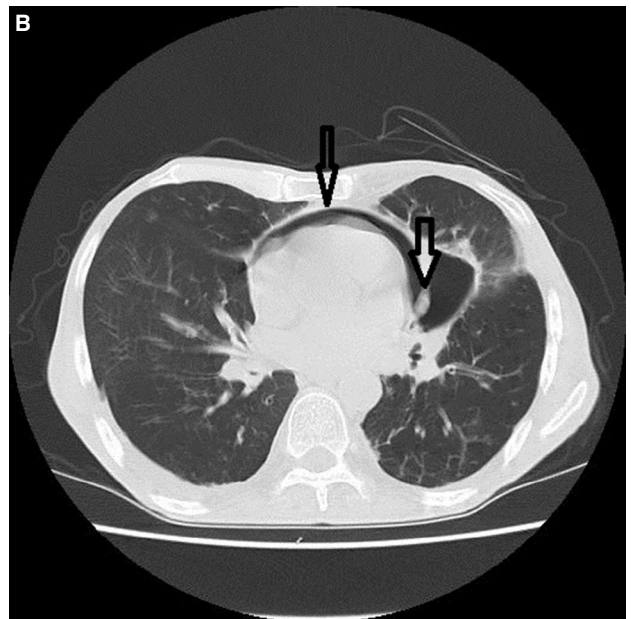
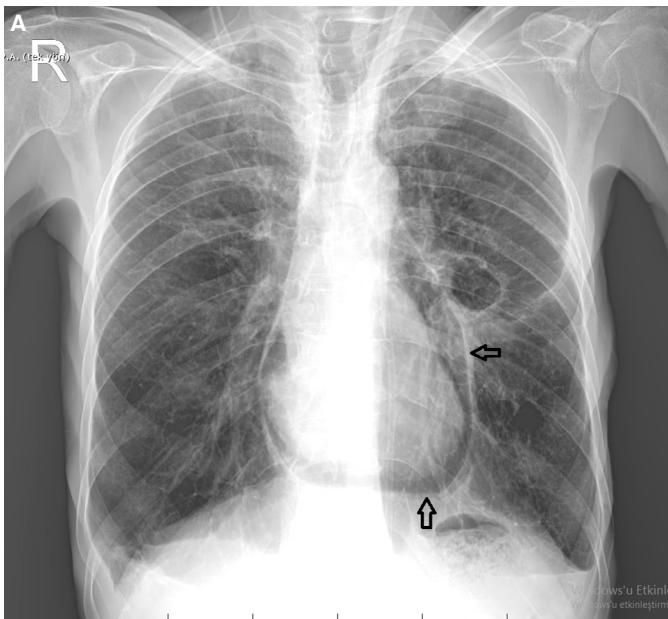
CASE IMAGE

An unusual cause of dyspnea: Spontaneous pneumopericardium*Dispenin nadir bir nedeni: Spontan pnömoperikardium*ID Tarık Yıldırım¹ID İlknur Altun²ID Seda Elcim Yıldırım¹ID Fatih Akın¹ID Mustafa Özcan Soylu¹¹Department of Cardiology,
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A 61-year-old man with a diagnosis of lung cancer was admitted to our clinic with dyspnea and ankle swelling. There was no trauma or operation in his medical history. A physical examination indicated good general condition, a body temperature of 36.5°C, pulse of 105/minute, blood pressure 120/65 mm Hg, and a respiratory rate of 16 breaths per minute. A cardiovascular system

examination indicated deep heart sounds, and with each heart beat, a sound similar to a crunching sound was heard (thought to be Hamman's sign). Further physical examination revealed no signs of cardiac tam-

ponade. Transthoracic echocardiography in the emergency department didn't show anything due to a lack of visualization. Electrocardiography showed sinus tachycardia. A radiolucent area surrounding the heart was observed on a chest X-ray (halo sign, Fig. A). Thoracic computed tomography revealed pneumopericardium (Fig. B). Spontaneous pneumopericardium is a rare condition thought to develop due to alveolar pressure increase and pericardial and mediastinal air inflow after alveolar rupture. Pneumopericardium may be asymptomatic, but may also cause symptoms such as dyspnea, syncope, or chest pain, and may be a complication of anorexia nervosa. Due to the risk of cardiac tamponade, all pneumopericardium patients should be followed up with intensive care. In our patient, the cause of this condition was a fistula between the pericardium and the bronchi. The patient was monitored for spontaneous pneumopericardium and then hypotension. Cardiopulmonary arrest occurred. Cardiopulmonary resuscitation failed, and the patient died.



Figures– (A) Posteroanterior graphy of the pneumopericardium. **(B)** Computed tomography image of the pneumopericardium.