

Case Report

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A 64 Years Old Man with a Rare and Serious Cardiac Complication of Lung Cancer

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Abstract

A 64 years old man with prior history of lung cancer presented with increased shortness of breath. Echocardiography showed small bright echogenic spots in the pericardial sac. Thoracic CT scan found a pneumopericardium of 24 mm and the patient was successfully managed by an urgent drainage.

1. Case Presentation

A 64 years old man with a past medical history of a lung cancer undergoing chemotherapy was admitted in the cardiology department for progressive onset of dyspnea. Initially, there were no signs of cardiac tamponade. Transthoracic echocardiography showed the air gap sign, identified as the loss of signal during the systolic phase and the 'swirling bubbles sign' several very small bright echogenic spots in the pericardial sac. For better visualization, a thoracic computed tomography (CT) was performed and found a right pulmonary mass of with many small areas of gas and a pneumocardium of 24 mm of maximum thickness is shown in the Figure A and Figure B.



Figure: Cardiac Air Tamponade as a Complication of Pulmonary Mass

B: The Pulmonary Mass Fistulized in the Pericardium

The patient evolution was marked by hypotension, tachycardia leading to an urgent drainage of the pericardial sac and cardiac window. Cancer related pneumopericardium remains rare and potentially serious conditions. CT scan is the gold standard for diagnostic confirmation and the etiological findings [1,2].

References

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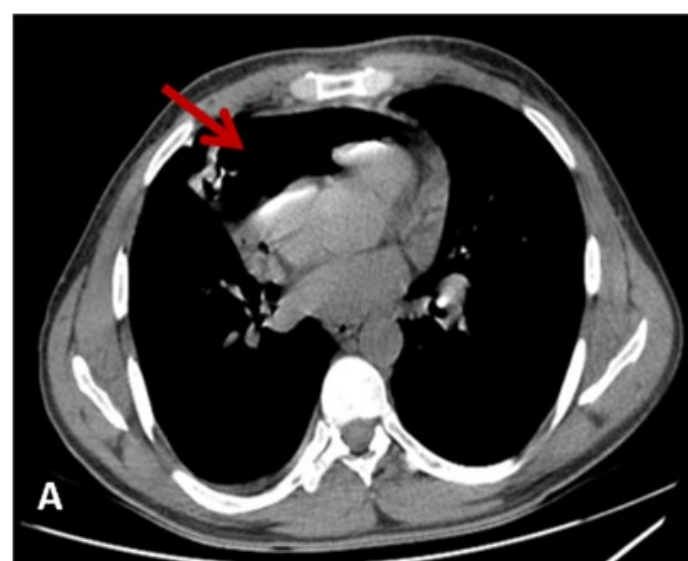


Figure: Cardiac Air Tamponade as a Complication of Pulmonary Mass

A: CT Scan showing a Massive Pneumopericardium (Red Arrow)

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2. Duraes Campos, I., Azevedo, P., Fernandes, B., & Pereira, V. H. (2020). Spontaneous pneumopericardium in a patient with lung cancer. *European Heart Journal-Case Reports*, 4(6), 1-2.

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