# HEMORRHAGIC PERICARDIAL EFFUSION: DIAGNOTIC DILEMNA

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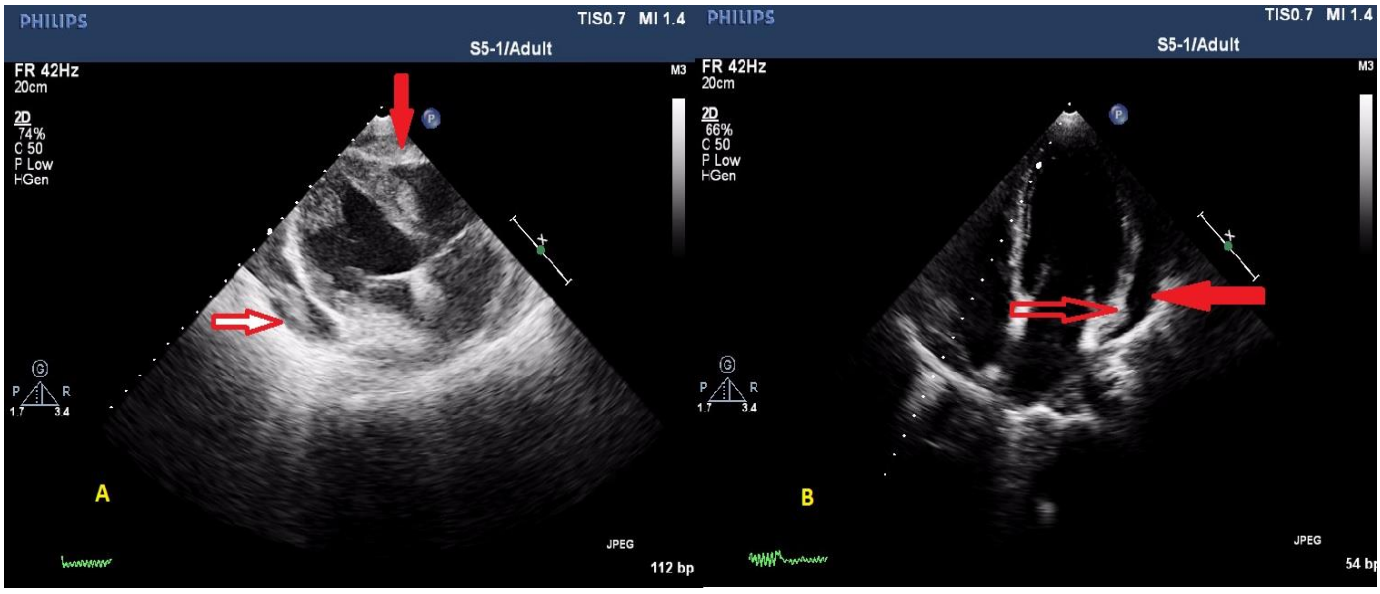
A 48 year old female presented with fever, cough and shortness of breath of 1 week duration with toxic look in congestive heart failure. There was sinus tachycardia on ECG, pulmonary edema on chest radiography, global hypokinesia of the left ventricle with severe left ventricular dysfunction on echocardiogram. Total leukocyte count was elevated, LFT was abnormal, grossly elevated cardiac enzymes and acute kidney injury. Possible diagnosis was acute myocarditis and patient started on decongestive therapy. 24 hours later, patient developed massive effusion with tamponade. Pericardiocentesis was done and hemorrhagic fluid (700 ml) was tapped. Fluid was exudate, negative for ADA and malignant cells but positive for ANA. Rheumatologist opined to be undifferentiated CTD/ scleroderma not SLE and started on steroids and immunosuppressive drugs. Patient improved symptomatically and a pre discharge echocardiogram showed improvement in LV function and moderate pericardial effusion with masses in the pericardium and on the endocardium (Fig 1. A and B). Diagnostic dilemma in this case is idiopathic myo-pericarditis with clot in the pericardium? Malignancy- Mesothelioma? CTD- SLE?

Figure 1 A. Parasternal long axis view of the heart showing moderate pericardial effusion with floating mass posterior to left ventricle- probably clot ( red arrow) and irregular thickening of the endocardium anteriorly (red solid arrows)-infiltrates?

Figure 1 B. Apical long axis view of the heart showing moderate pericardial effusion ( red solid arrows) and endocardial thickening near LA-LV groove- infiltrate?

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