

Abstract

Post-cardiac injury syndrome is due to auto immune reaction to the antigen that originate from the damage myocardium or pericardium. Usually occurs after cardiac surgery, blunt or penetrating trauma or after perforation of the heart following procedures. Rarely can develop after myocardial infarction. Clinical picture mimics acute viral or idiopathic pericarditis, presents with features of pericarditis. Symptoms usually occur after 1-4 weeks after cardiac injury.

This is a case report of a 24 year old patient presented with pleuritic type chest pain & shortness of breath. On further evaluation found to have evidence of pericardial effusion with early cardiac tamponade, pleural effusion & systemic oedema. Differential diagnosis includes viral pericarditis, Tuberculosis or serositis cause by connective tissue disorder. Detailed investigations helped to come to the diagnosis of PCIS.

He was manage with a multidisciplinary team, involving the cardiothoracic surgeon & cardiologist, pleuropericardial window was created, then manage with 400mg of Ibuprofen with poor clinical & biochemical response. With the initiation of steroids (prednisolone 40 mg daily) with a tailing off dose, condition clinically & biochemically improved.

PCIS, although not common can present as acute pleuropericarditis. Early diagnosis will result in favourable outcome.