Abstract

Although pericardial effusion is a common complication of malignancy, initial presentation as cardiac tamponade is very rare. We present a case of a 49 year-old non smoking woman presented to the emergency department with exertional dyspnoea, pleuritic type chest pain and weight loss for one month duration. Examination revealed BP 100/mmHg, pulse rate 122 bpm, muffled heart sounds, elevated jugular venous pulse, tender 4 cm hepatomegaly with pitting ankle oedema with bilateral pleural effusions. Transthoracic echocardiogram revealed evidence of cardiac tamponade. Urgent pericardiocentesis was done and 600 ml of haemorrhagic pericardial fluid was aspirated. The patient improved immediately after the therapeutic pericardiocentesis. Exudative lymphocytic effusion contained malignant cells and super added infection. CECT chest showed necrotizing malignant lesion in the left upper lobe with possible bone metastases. CT guided biopsy confirmed infiltrating adenocarcinoma of the lung.Intra venous antibiotics were given for 14 days. Taking the advanced stage of the carcinoma in to account palliative treatment was offered . This case report highlights the importance of considering the possibility of underlying malignancy in an otherwise healthy patient presenting with a large pericardial effusion.