


CARDIOVASCULAR FLASHLIGHT

To kill two birds with one stone: a pleurocentesis that also drained pericardial tamponade in a stubbed patient

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A 27-year-old drug-abuser presented with tachypnoea, sinus tachycardia, and hypotension (systolic blood pressure 86 mmHg). He had been stubbed with >20 table-knife punctures at his left axillary area (Panel A) at a street brawl 1 h before. His jugular veins were prominent, he had pulsus paradoxus, and 86% O2 saturation at blood gases. He was not bleeding externally. Immediate echocardiogram revealed pericardial fluid, probably haemopericardium, with signs of tamponade (mitral inflow Doppler velocities, Panel B). On emergent contrast CT scan of the thorax, a large left haemothorax, haemopericardium of at least moderate degree along with pericardial tearing and pneumopericardium, and subcutaneous emphysema were seen (Panels C and D). The patient’s condition was deteriorating. Neither a thoracic nor a cardiothoracic surgeon was available by that time. Fearing the creation of a bleeding conduit between the pericardial space and the drainage system if pericardiocentesis was performed, it was decided first to place a Billow-tube at his left hemithorax. Surprisingly, soon after the procedure, his vital signs improved markedly and his condition gradually recovered. Intubation was avoided. A new CT scan, performed 4 h later without contrast, confirmed a significant drainage of both the pericardial and the pleuritic haematomas (Panel E). He was given antibiotics and was transfused with two units of blood. Myocardial or coronary laceration, if any, passed by clinically undetectable. Troponin peaked at 4.3 ng/L. He has had an uncomplicated course since then. Our patient was lucky to survive because the pericardial blood drained into the pleuritic cavity through the artificial pleuropericardial window that had been created by the knife. More so, he was fortunate not to bleed any more despite pleurocentesis, due to spontaneous haemostasis. Pericardiocentesis for acute haemopericardium sets always a problem for caring physicians.

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