


eComment. Surgical or percutaneous pericardiocentesis in symptomatic pericardial effusion

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It was with great interest that we read the recent article by Mirhosseini et al. [1]. They aimed to determine the risk factors affecting the survival rate of patients with symptomatic pericardial effusion who underwent surgical interventions. They showed that the underlying malignancy, the presence of a mass on computed tomography and echocardiographic findings compatible with tamponade are the three predictors of postoperative death. We believe that these findings will act as a guide for further studies. Thanks to the authors for their valuable contribution.

Several methods have been described for fluid drainage including percutaneous pericardiocentesis, balloon pericardiotomy, or surgical drainage. More recently, echocardiography-guided pericardiocentesis has been shown to be a safe and effective method that can be performed at the bedside [2]. Echocardiography is also the primary imaging modality for the diagnosis and clinical follow-up of pericardial effusion, and has some advantages, including high sensitivity and specificity, lack of ionizing radiation, and low cost. All patients in the current study underwent surgical interventions [1]. Echocardiography-guided pericardiocentesis should be performed in patients with symptomatic pericardial effusion, if appropriate. Surgical approach should be recommended only in patients with very large and repeated chronic effusion, and/or if percutaneous therapy was not successful [3].

Conflict of interest: none declared.

References
