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CASE REPORT

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26 years old female, single, living at Ghamra, working as a secretary.

The patient presented to the emergency room of Egypt Air Hospital with dyspnea, orthopnea, pallor, fever two weeks duration.

On examination:

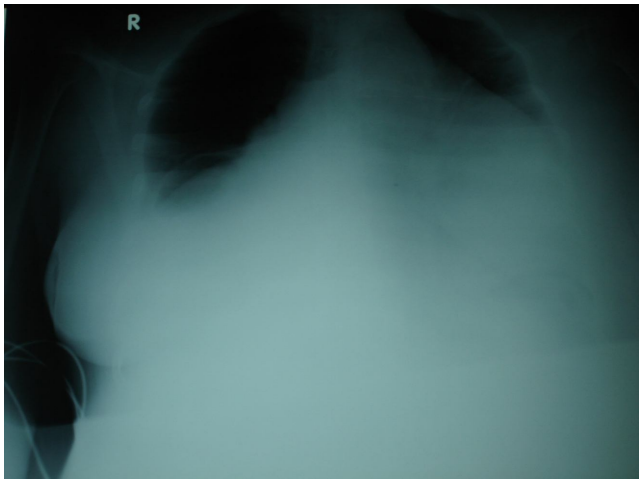
Patient was feverish (39 C), hypotensive (90/50 mmHg), tachycardic (140/min, regular, weak pulse), elevated jugular venous pulse, non pulsating neck viens.

Heart→ distant heart sounds.

Chest→ decreased intensity of vesicular breathing over right inframamary, lower axillary and infrascapular area with inspiratory crepitations.

Abdomen→no abnormality detected.

CXR→ picture of massive pericardial effusion and right side pleural effusion.



Echocardiography→massive pericardial effusion.

Laboratory investigation:

CBC→leucocytosis with normocytic normochromic anaemia.

Liver enz.→ elevated three folds on admission, and back to normal three weeks after admission.

Renal function, ESR, coagulation profile were within normal.

Immunological profile –ve for collagen markers.

Tumour markers were negative except C125 (ovarian tumour marker) was elevated approximately twenty folds.

Patient admitted to CCU at Egypt Air Hospital where pericardial pigtail inserted draining in one week around seven litres of deeply haemorragic effusion, two days after, the pleural effusion was massive, tapping of approximately 1500cc of yellowish, turbid, cytological examination which showed no malignant cells but inflammatory cells mainly lymphocytes.

Pelviabdominal U/S→ congested hepatomegaly and minimal pelvic collection.

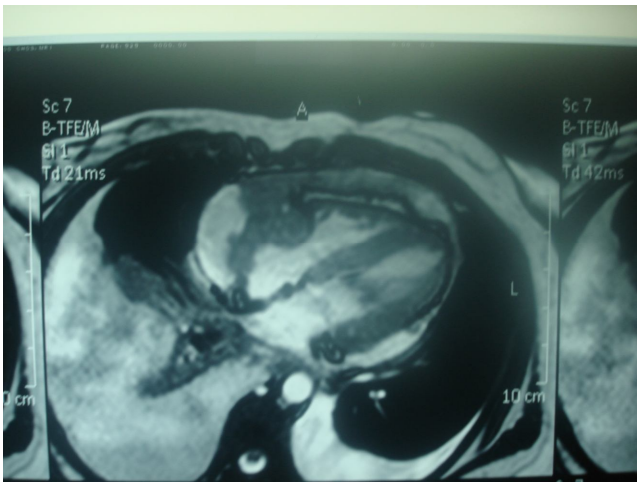
C-T abdomen and pelvis→ bilateral small ovarian cyst.

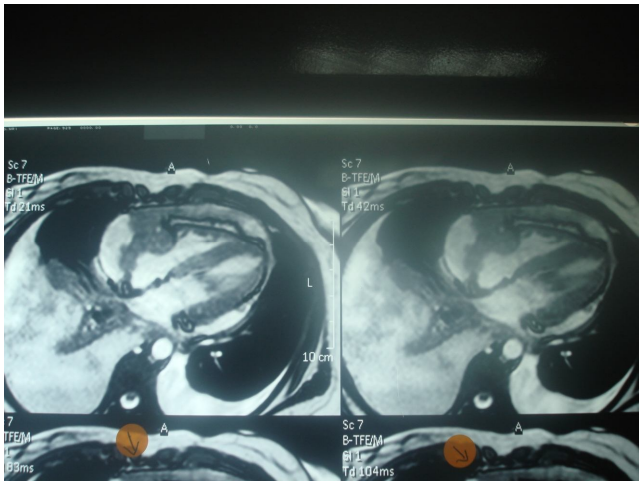
Two weeks after insertion of pericardial pigtail, the pericardio-pleural effusion showed regressive course on antibiotics, low dose steroids and non- steroidal anti-inflammatory drugs.

So the patient was discharged for follow up; however four days later patient was re-admitted to CCU with a right sided massive pleural effusion and left side moderate pleural reaction as well.

Echo-cardiography→ mild pericardial effusion and intracardiac soft tissue mass in right side chambers.

Cardiac MRI → moderate sized soft tissue mass lesion within the right chambers of the heart with pericardial extension and affecting the proper function of the tricuspid valve and the right ventricle with mild tricuspid stenosis.





An Intercostal tube was inserted to drain the right side pleural effusion then the patient underwent cardio-thoracic surgery for biopsy.

Pericardial biopsy revealed a mass from right ventricle and right atrium:

ANGIOSARCOMA INFILTRATING THE PERICARDIUM, RIGHT VENTRICLE, RIGHT ATRIAL APPENDAGE AND SURROUNDING FATTY TISSUE.

Pericardial aspirate, MALIGNANT ASPIRATE.

Patient died one month after diagnosis from massive bleeding.