International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

An Unusual Case of Cardiac Tamponade

Dr. Chirukuri Akhila[1], Dr. Munjam Vaibhav Krishna[2], Dr. K.Ravinder Reddy[3]

[1]Junior Resident, Department of General Medicine, Prathima Institute of Medical Sciences.

[2]Junior Resident, Department of General Medicine, Prathima Institute of Medical Sciences.

[3]Consultant Cardiologist, Professor and HOD of Department of General Medicine, Prathima Institute of Medical Sciences

Abstract: ***Although pericarditis and pericardial effusion are some of the very common manifestations of SLE , the occurrence of Cardiac tamponade is quite rare. We presently have a woman with massive pericardial effusion presenting as initial manifestation of SLE.***

Keywords: Pericarditis, Pericardial effusion, SLE, Cardiac tamponade, Initial manifestation

1. Introduction

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that affects multiple organs in the body, leading to systemic inflammation and tissue damage. Among the various complications associated with SLE, cardiac tamponade is a rare but potentially life threatening condition. This article aims to explore the relationship between SLE and cardiac tamponade, highlighting its clinical presentation , diagnosis and management.

2. Case Report

A 35 year old female came to hospital with history of significant weight loss since 6 months of 15 kgs, significant alopecia, low grade fever and decreased appetite since 6 months.

She has been fully immunised as a child and didn't have a previous history of rheumatic fever or exposure to an active case of TB.

On examination, she was a febrile, tachycardia with pulse rate of 120/minute and a blood pressure of 110/80 mm Hg. There was pulsus paradoxus, jugular venous distension, muffled heart sounds and normal respiratory pattern.

On ECG: Electrical alternans and low voltage complexes are seen.

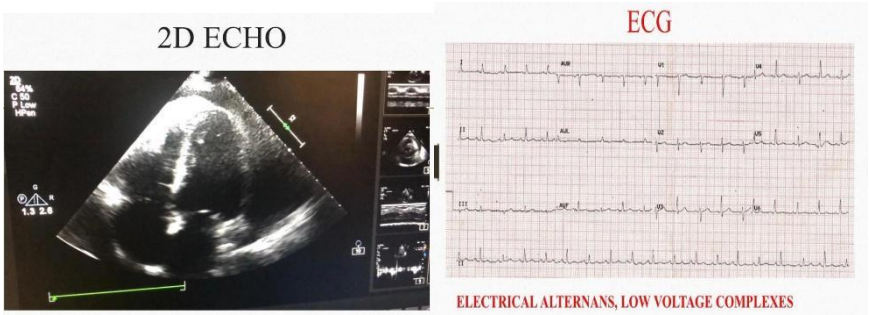
The echocardiogram showed massive pericardial effusion with signs of cardiac tamponade.

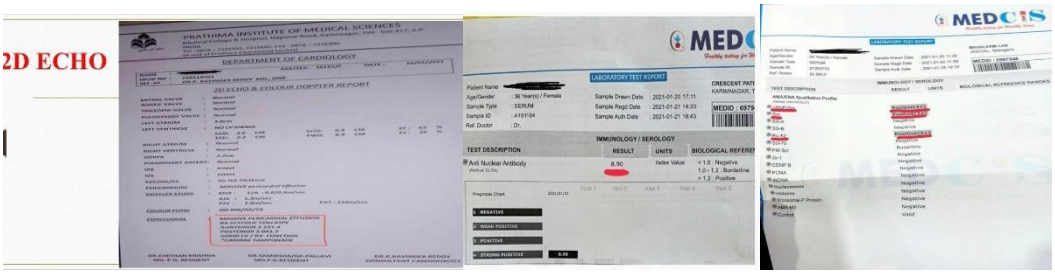
Blood reports showed normal Hb, WBC, platelets and elevated ESR and CRP, decreased albumin (2.2g/dl), mild splenomegaly on ultrasound.

Patient was taken up for emergency cardiocentesis and 700 ml of straw coloured fluid was drained. It showed exudative pericardial effusion of protein 5.3g/dl , ADA of 24 and 16 cells. There was no evidence of malignancy by cytology. There was no evidence of raised lymphocytes , ADA and CBNAAT was negative to suggest that is not a case of TB.

As other investigations came negative, we suspected an autoimmune cause and ANA-IF was sent and it came as strong positive (8.9) ANA profile showed anti Sm positive, anti nRNP positive, anti Ro52 positive.

The patient satisfied EULAR/ACR criteria for diagnosing SLE. Then the patient was started on Wysolone, HCQ, Azathioprine.





3. Discussion

Pericarditis is one of the most common manifestation of SLE, accounting for 60% with cardiac involvement and it can also manifest as libmansacks endocarditis . But cardiac tamponade is very rare with only 12 cases reported until 1987 and a report of 4 cases in 2000 in brazil. Patients with lupus induced pericardial effusion required high dose of prednisolone therapy after pericardiocentesis with concomitant use of HCQ to reduce recurrences of serositis in SLE.

4. Conclusion

Possibility of SLE presenting with cardiac tamponade should be considered.

References

[1] BC Marcia, MA Francisco, Cardiac tamponade in systemic lupus erythematosis-report of 4 cases, Arquivos Brazialieros Cardiologia, 75 (2000), pp. 446-448, Google Scholar
[2] T Rudra, PA Evans, EN O'Brien, Systemic lupus erythematosis presenting with cardiac tamponade due to haemorrhagic effusion, Postgrad Med J, 63 (1987), pp. 567-568. View article: CrossRefView in ScopusGoogle Scholar
[3] N Carrol, JA Barret, Systemic lupus erythematosis presenting with cardiac tamponade Br Heart J, 51 (1984), pp. 542-543. Google Scholar
[4] Naohiko, S Tatsuko, Systemic lupus erythematosis presenting as cardiac tamponade with Lupus pneumonitis-a case report, Jpn J Med, 28 (1989), pp. 362-365. Google Scholar
[5] RJ Lerer, Cardiac tamponade as an initial finding in systemic lupus erythematosis, Am J Dis Child, 124 (1972), pp. 436-437. View article CrossRefView in ScopusGoogle Scholar