CASE REPORT

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PROFESSOR OF CARDIOLOGY
NHI

- Male pt. of 40 years ,married ,having kids ,working as a driver ,not smoker.
- Known as having RH.H.D, underwent MVR at 1997. developed stroke 11 years back ago causing L. hemiplegia.
- He is not known to be diabetic or hypertensive.
- On 2006 during routine follow up by echo it was discovered that he had small cyst posterior to LV .
- He was referred to surgeon for opinion but he advised close follow up only.

- One month ago he developed convulsion during sleep and syncopal attack which was repeated twice on the same day .
- The condition was associated with retrosternal pain radiating to back and both arms ,the pain was on and off lasting for 5-10 minutes with or without effort.
- 2 days ago he developed fever ,SOB FCIII, orthopnea ,stridor ,cough and dizziness, sore throat, palpitation ,nausea and vomiting with exaggeration of his previous symptoms .He was presented to NHI as he was admitted.

On Ex:

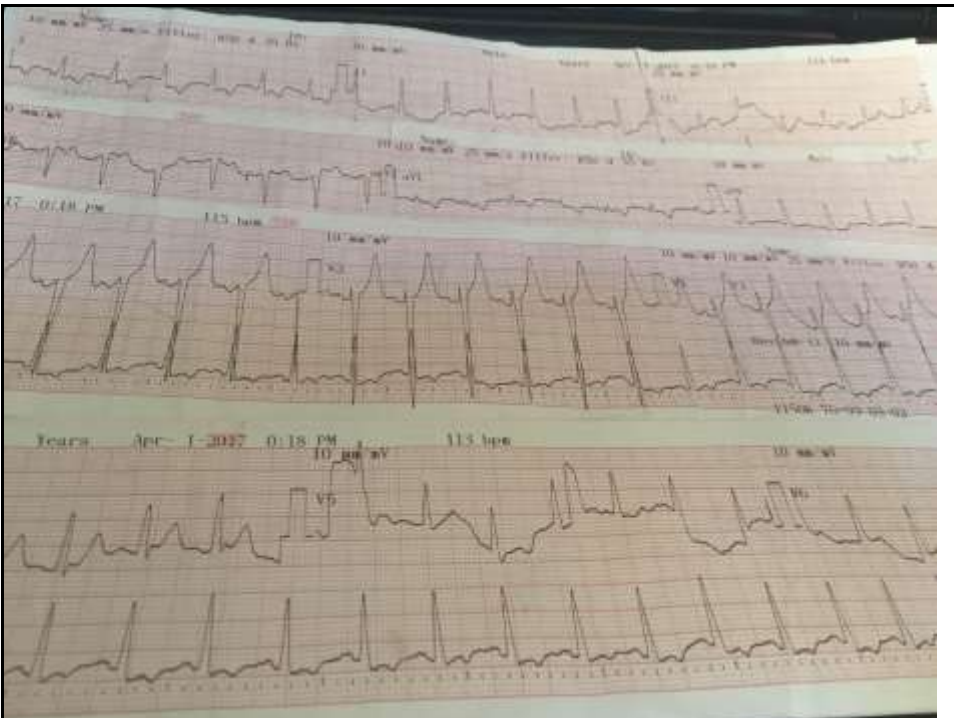
- BP=130/80 MMHG HR=150 B/M, regular Temp=40c
- Heart :tachycardia, click of MV prosthesis.
- Chest: normal vesicular breathing on R. lunge
- no air entry on basal and mid zone of L. lunge.
- Abdomen: mild generalized tenderness with severe tenderness on upper L. abdomen.
- No organomegaly.
- LL: hemiparesis of L .upper and lower limb.
- The pt. received iv antibiotic , iv verapamil, iv parasetamol with cold fomets.

and FFP as his INR was 7 at that time.

The pt fever was on and off and HR was up and down (110-130B/M) regular according temp.

ECG

- Sinus tachycardia (HR=100-150 B/M ,NSR.
- LV strain pattern.
- Hyperacute T.wave in anteroseptal leads.

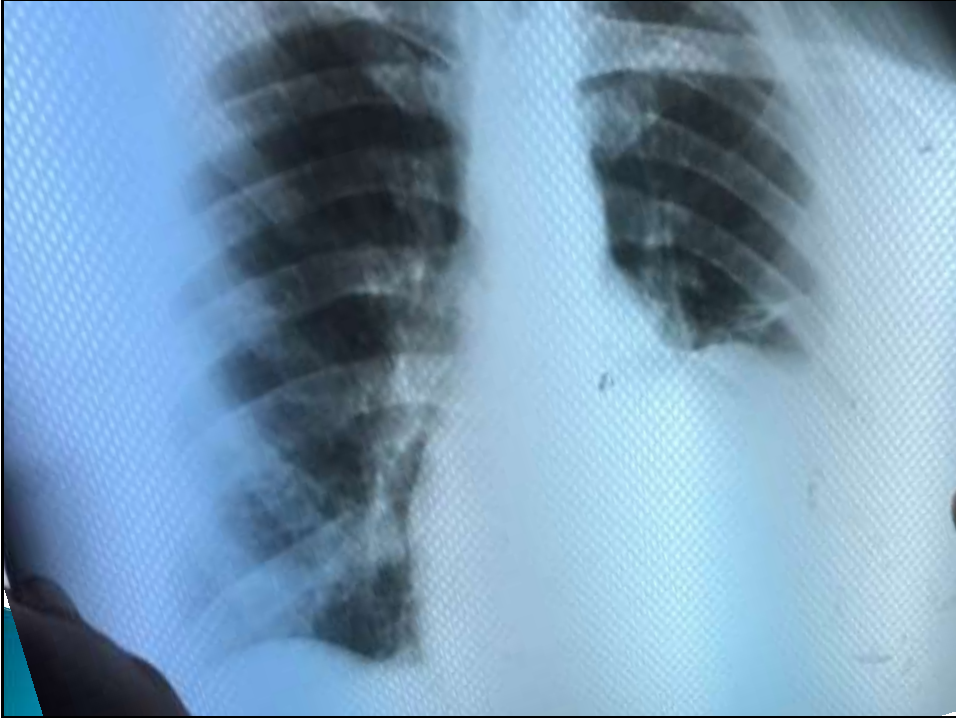


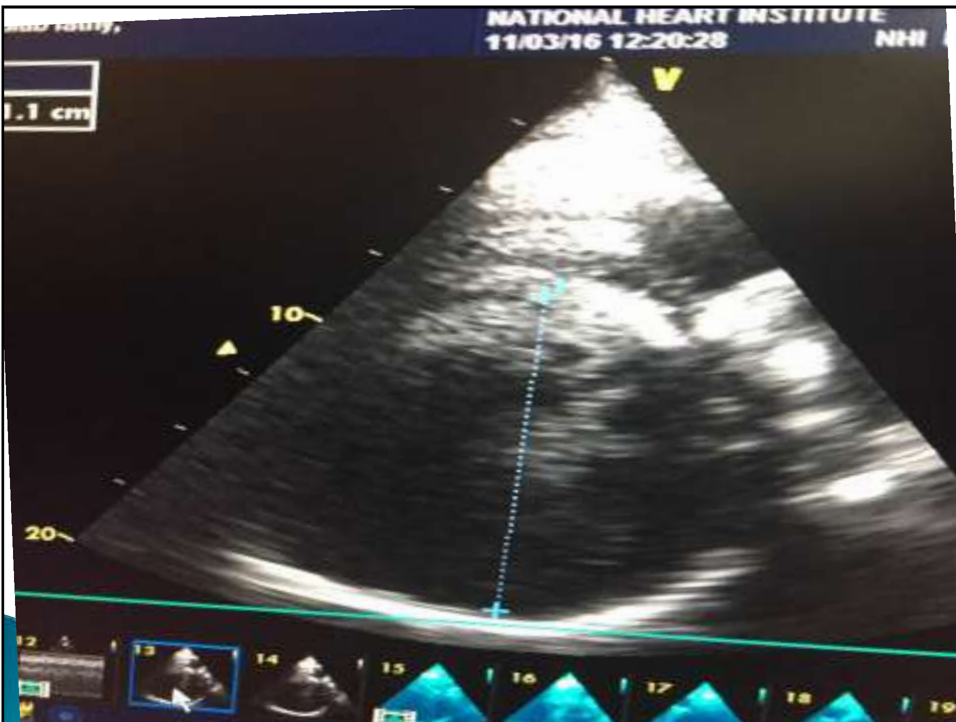
LAB. Data.

- Createnin:1.2mg/dl/
- CK:82 U/L.
- ALT:22 U/L.
- AST:16 U/L.
- WBC: 20.7X10cb/UL.
- RBC:4.64X10cb/UL.
- HCT :36.9%.
- PL:378X10cb/UL.
- INR :7.2---5.9

CHEST X-RAY

- Big cystic mass lateral to LV. obliterating L. costophrenic angle.
- Pulmonary venous congestion

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11/03/16 12:20:28
NHI
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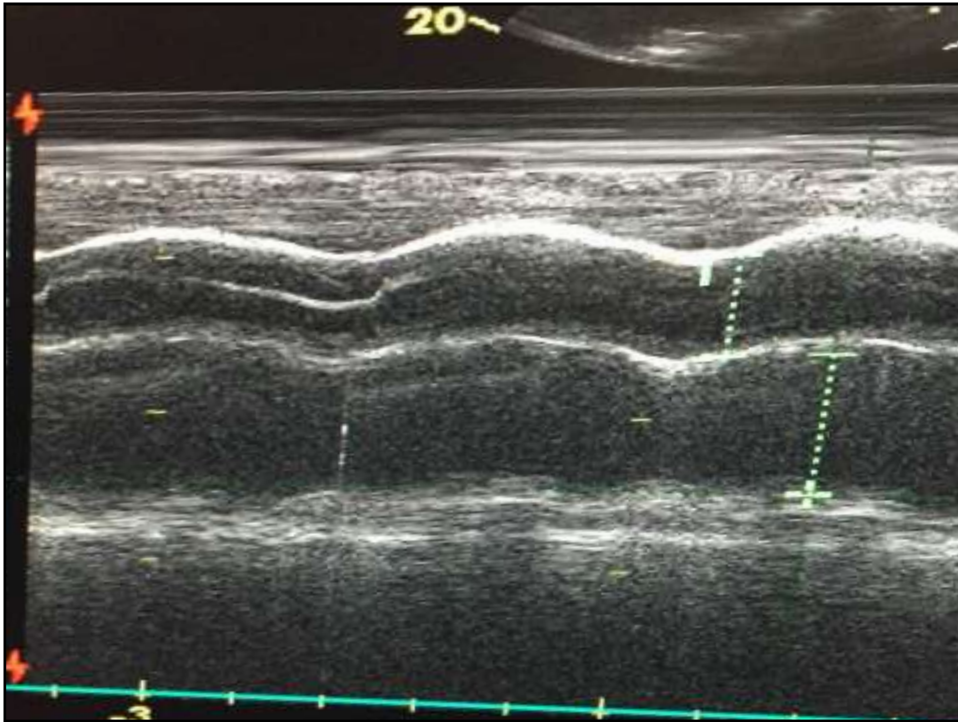
20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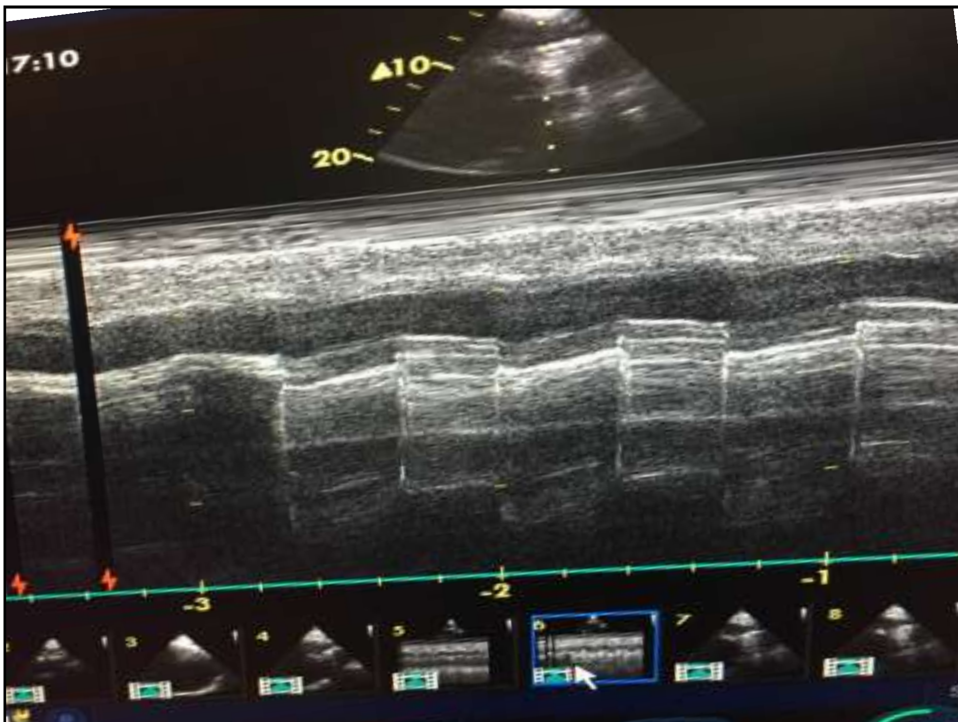
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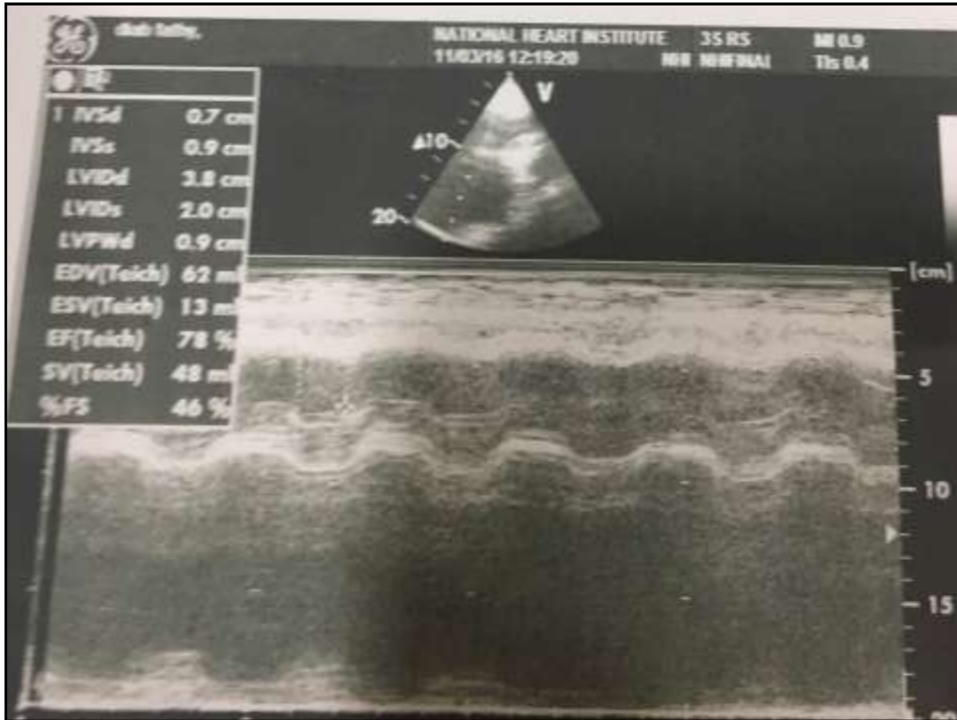
NATIONAL HEART INSTITUTE
3S RS
MI 0.9
TIs 0.4
1 IVSd 0.7 cm
IVSs 0.9 cm
LVIDd 3.8 cm
LVIDs 2.0 cm
LVPWd 0.9 cm
EDV(Teich) 62 m
ESV(Teich) 13 m
EF(Teich) 78 %
SV(Teich) 48 m
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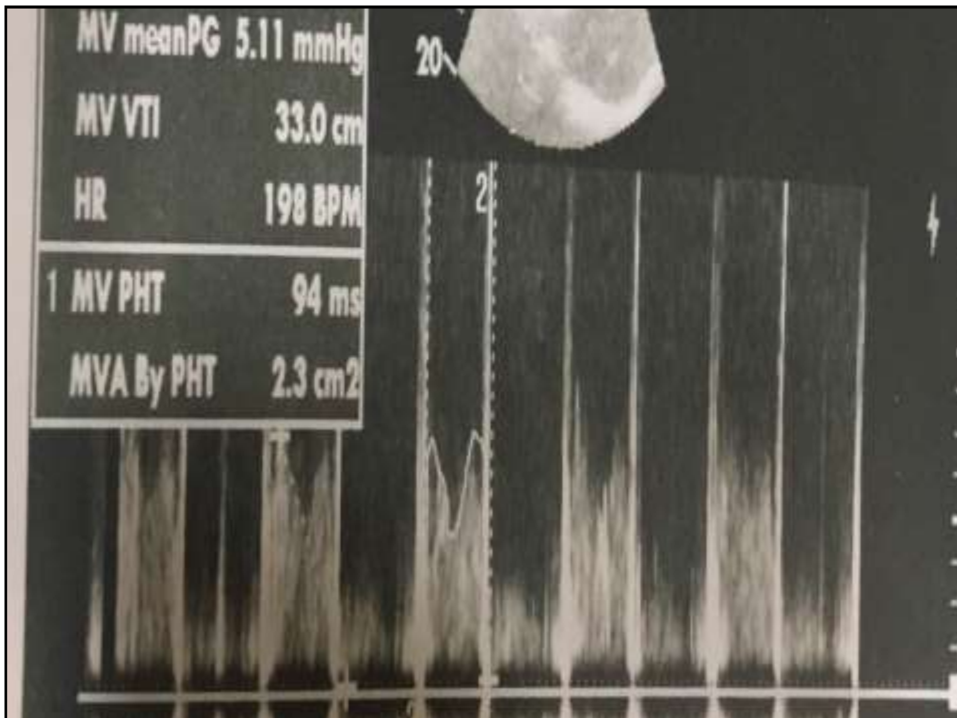
15


MV meanPG 5.11 mmHg
MV VTI 33.0 cm
HR 198 BPM
1 MV PHT 94 ms
MVA By PHT 2.3 cm2
20
2

ECHO

- Status post MVR (1997).
- Dilated LA.
- Normal LV internal dimension, good LV systolic function with EF 78%.
- Big cyst measuring 13x11 cm lies posterior and lateral to LV compressing LV with shaggy mass inside it.
- MV prosthesis: no rocking, no vegetation or thrombi, MVA = 2.3 cm2 with PG/MG = 7/5 MMHG
- Trivial TR with gr =28 mmhg.
- PAP=38 MMHG   No IC masses.
- Mild to moderate pericardial effusion 0.8 cm.

- The pt was sent to do TEE but the operator refused to do it ,as he thought to be a risky case and the cyst may be traumatized.
- So MRI was decided to be done.

Deib Fathy Mohamed
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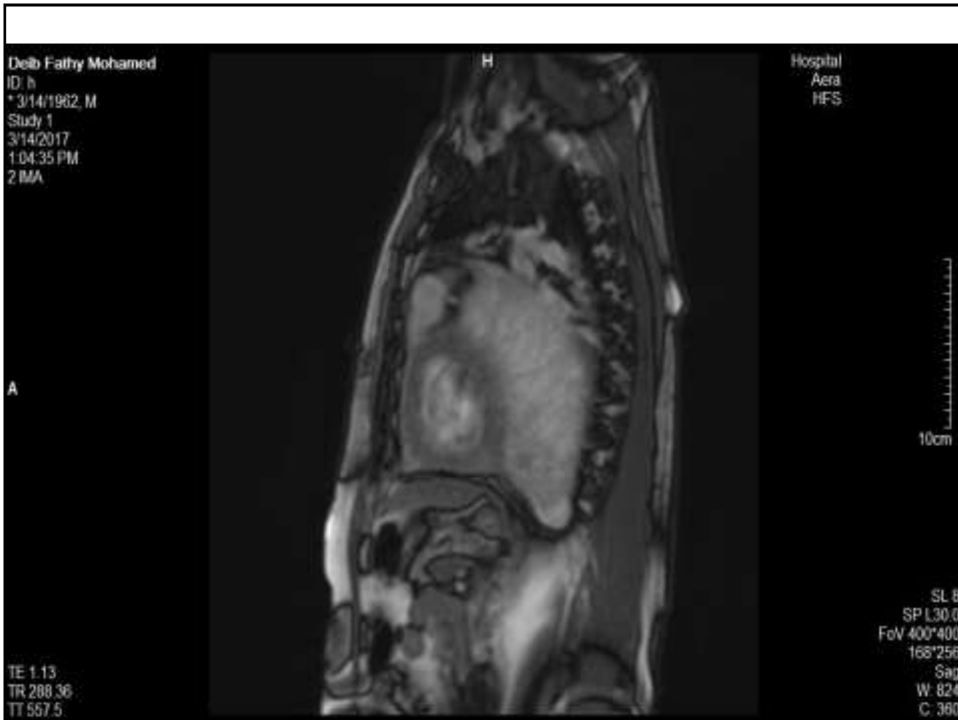
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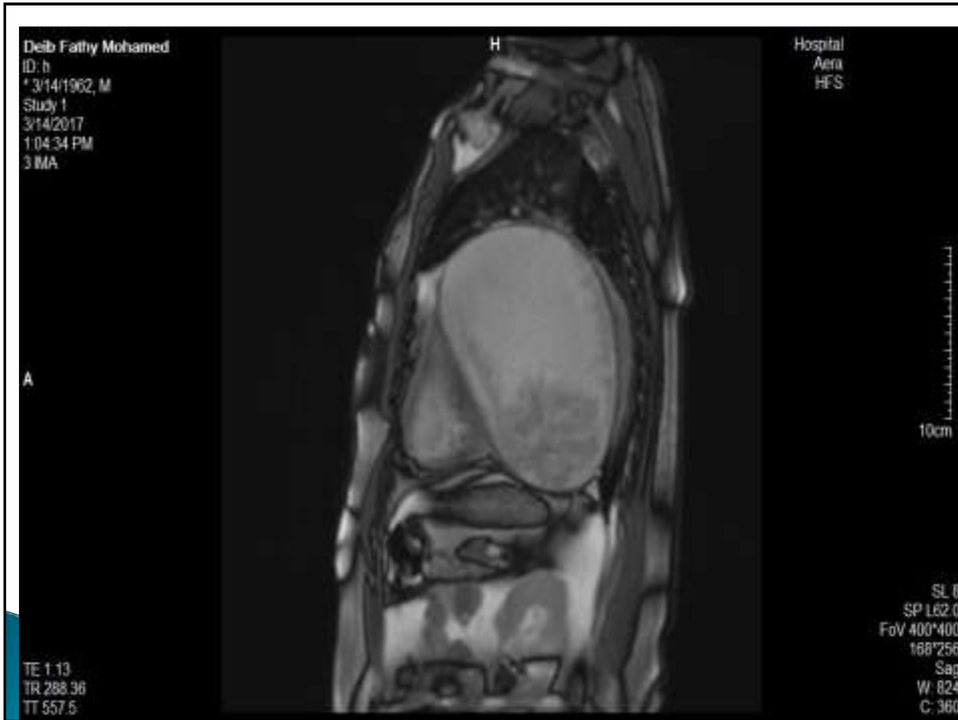
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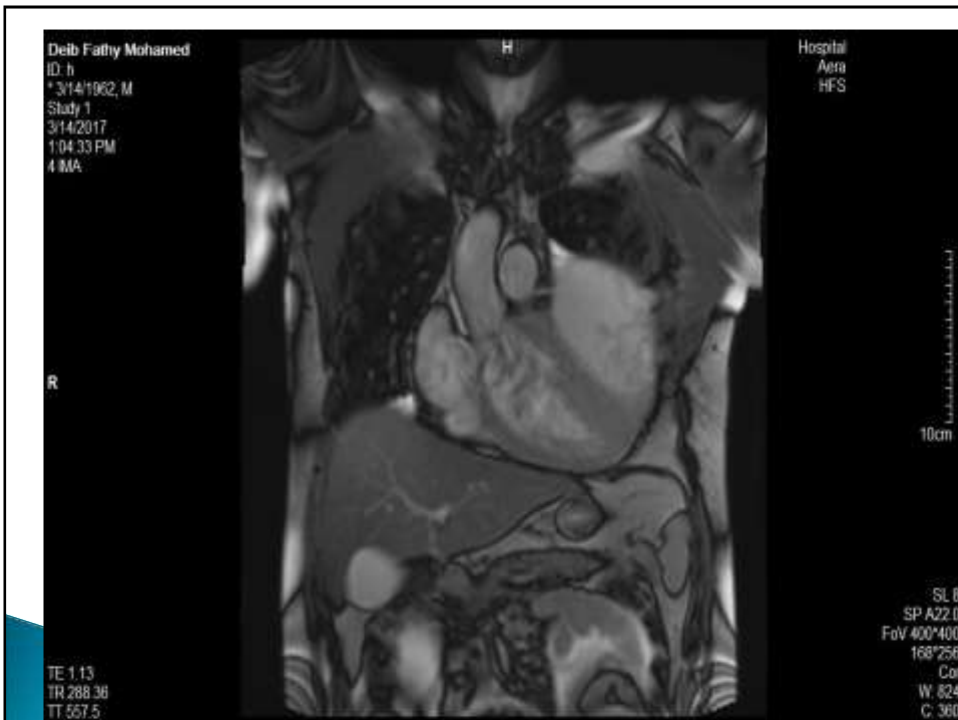
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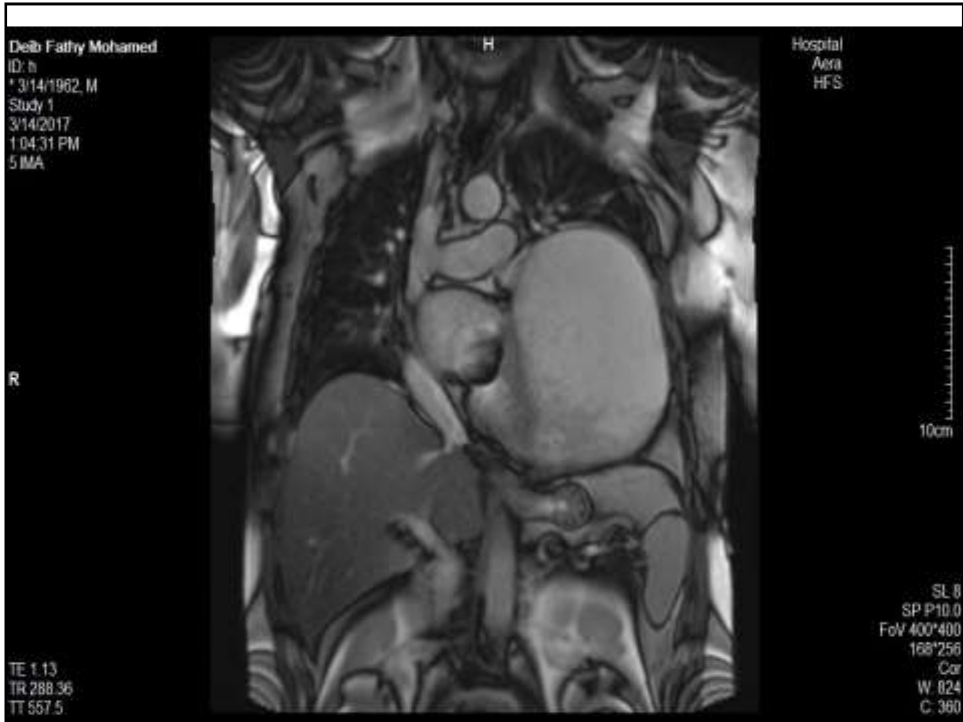
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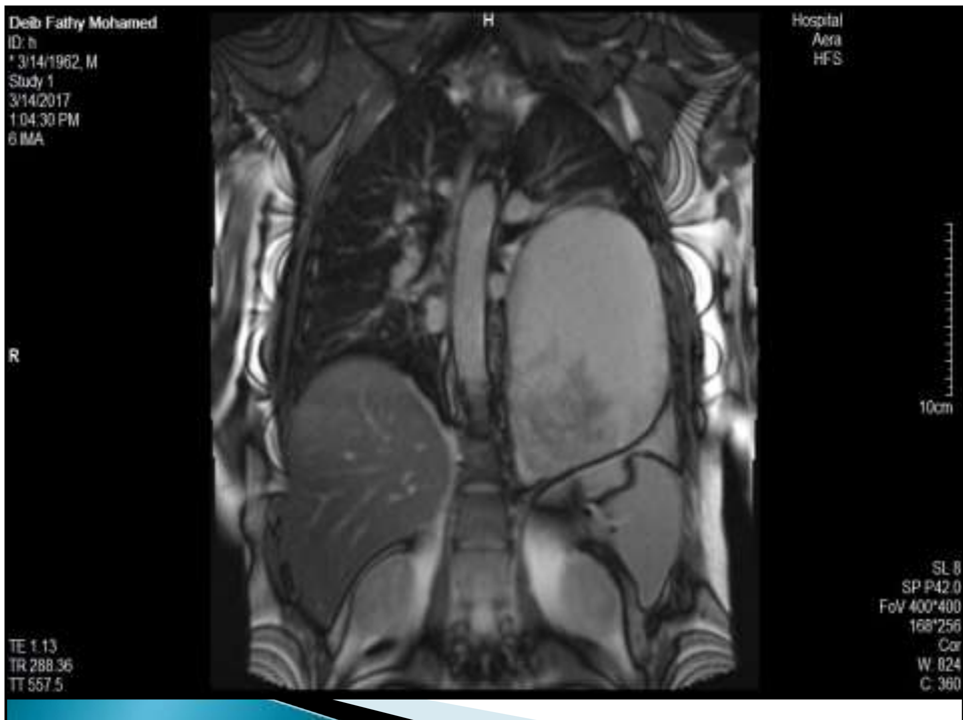
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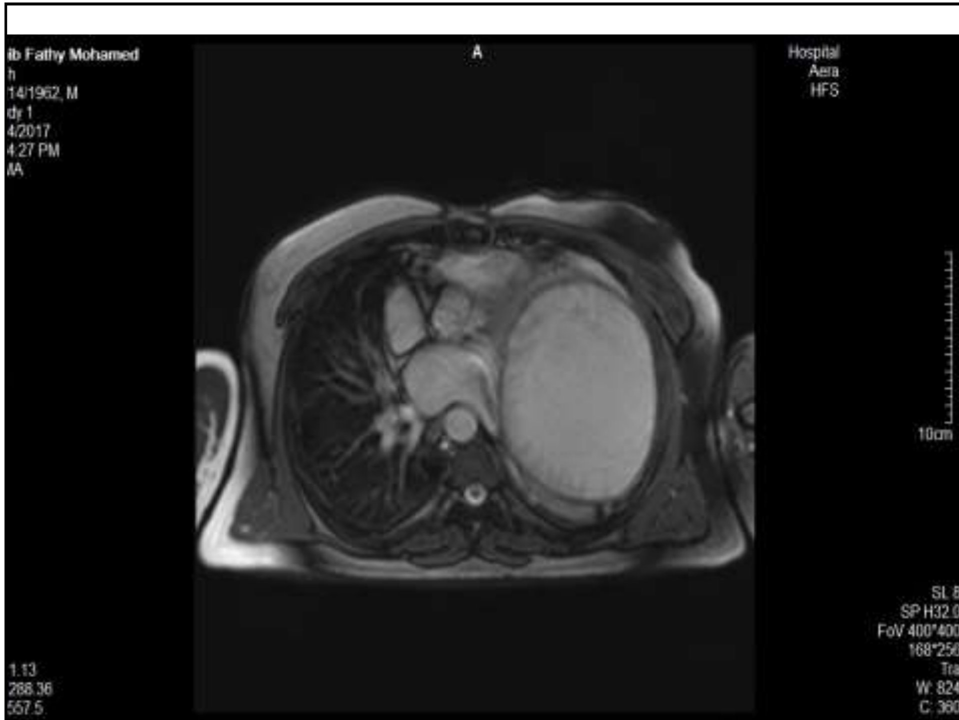
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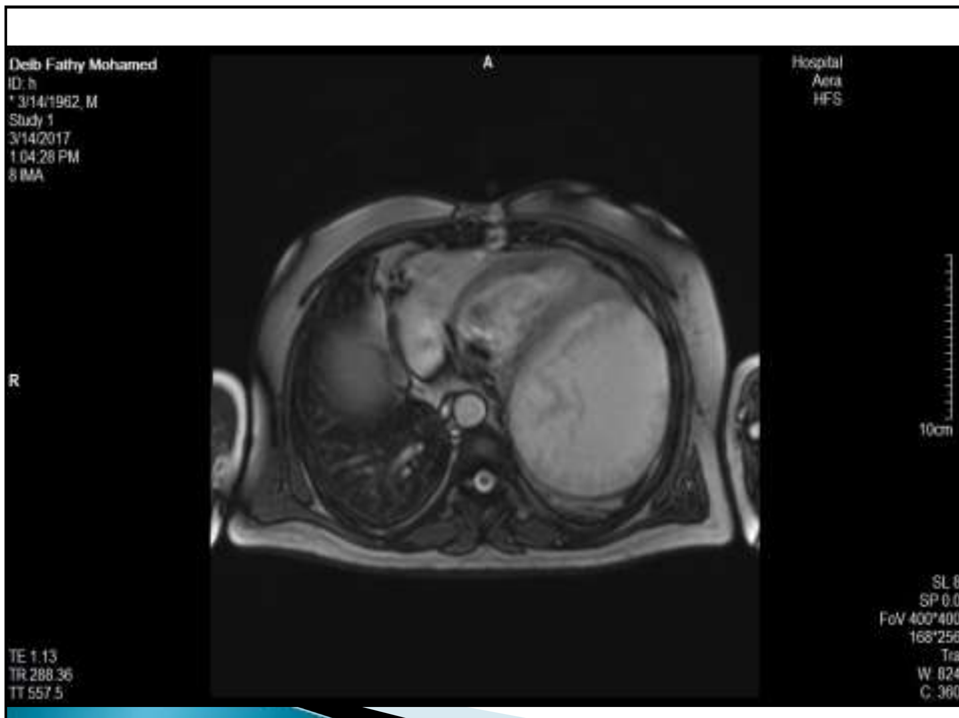
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TE 1.13
TR 288.36
TT 557.5

MRI report

1-The LV has normal systolic function(visual EF =70%.).
2-The RV has normal systolic function and normal cavity.
3-The LA is mildly dilated.
4-Well functioning MV prosthesis by cine.
5- The pericardium :there is huge well circumscribed pericardial cyst measuring 12x13cm compressing lateral wall of LV, the cyst showed nulling (dark signal) confirming fluid inside.

The cyst wall is enhanced (fibrosed) confirming encapsulation . There is evidence of shaggy fibrous material inside the cyst ,fibrinous strands, the cyst mostely is serous with no signs of hage and no connection to LV.

The lower L. lobe of the lung is completely collapsed.

- The fever was persistently high and the surgeon was consulted who decided surgical interference as early as possible as the fever would never be subsided except after removal of infected cyst.

Operative notes:

- Through L. lateral thoracotomy at the 6th intercostal space.
- The skine ,SC fat ,muscles were opened in layers with Gush of dark brown fluid about 1.5 L.
- The cavity was cleaned with iodine and the pyogenic membrane was removed.
- The lower lobe of L. lung was completely collapsed and the drainage tube was inserted in L. pleura.
- Gentamycin was inserted in the borders of the wound. The incision was closed in layers. A sample of the dark fluid sample was sent for C/S ,and masses from pyogenic membrane was sent for pathology.

Pathology report:

- Specimen received as a flattened brownish tissue piece measured 5x6 cm with smooth one surface and irregular hemorrhagic other surface.
- Histology:
- Section examined revealed fibrous cyst wall with no lining with inflammatory infiltrate and hemorrhage. No malignancy.
- Diagnosis:
- Inflamed retropericardial simple cyst

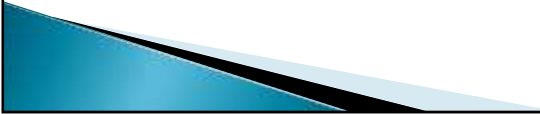
C/S of cyst fluid.

- Organism : Gram negative bacilli.
- Sensitive to piperacillin ,ceftazidime , azetreoinam, imipenem ,gentamycin ,amikacin and ceprofloxac

- The pt stayed in ICU for one week with continuous drainage of the wound receiving the proper antibiotic as the fever subsided and the general condition improved as he was transferred to the ward for another week leaving for home in good condition.

TAKE HOME MESSAGE

- Don't miss small cyst that may be one day very big cyst,


THANK YOU