



# An Atypical Case of Post-Pericardiectomy Syndrome

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# Background

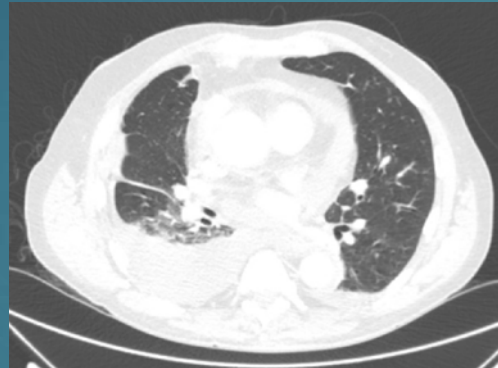
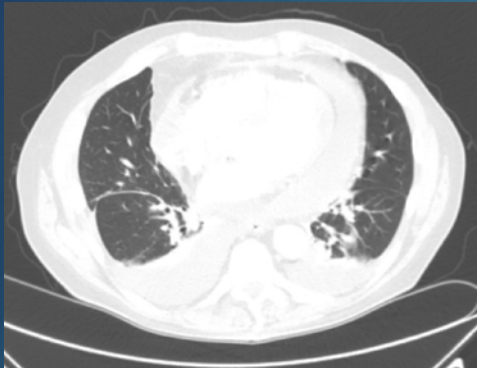
- Post-pericardiotomy syndrome (PPCS) occurs secondary to pericardial injury generally post-cardiac procedure (valve replacement, PCI, PPM, RF ablation)
- Occurs in a large percentage of patients (10-40%) who have undergone cardiothoracic surgery
- Frequently underdiagnosed because it is a clinical diagnosis which typically presents after patient discharge
- Contributes significantly to post-op morbidity, prolonged hospital stays, readmissions
- Presents with fever, pleuritic chest pain, pericardial rub, elevated c-reactive protein (CRP) and pericardial/pleural effusions.
- Unilateral pleural effusions are reported in a minority of patients with PPCS
- This is an unusual case of PPCS that presented with primarily pulmonary symptoms and a large R pleural effusion which was refractory to initial treatment and ultimately required therapeutic drainage

# Case Presentation



- ▶ A 65-year-old man with a 22-pack-year smoking history, severe aortic stenosis, and recent bioprosthetic aortic valve replacement presented with worsening dyspnea, productive cough, fever, and night sweats.

# Clinical Course



## Aortic Valve Replacement

Begins to develop progressive SOB, cough, and fevers (101F)

Week 3

Treated for pneumonia with no improvement

Week 4

Cardiologist starts colchicine 0.6 mg BID + ibuprofen 600 mg TID

Week 6

Rapid improvement

Week 7

Recurrence of fevers, cough, dyspnea

Week 8

WBC 11.8, Plts 408, CRP 167, ESR 126

## Hospital Admission

Undergoes R thoracentesis with 800cc of cloudy serous fluid removed

Pleural fluid consistently exudative effusion

Started on prolonged course of prednisone 15 mg

Resolution of symptoms

Week 12

Repeat CXR with no evidence of pleural effusion

Continue prednisone 20 mg

CRP 87, ESR 24

Week 14

CRP < 1



# Conclusions

- Post-cardiac injury syndrome:
  - PPCS
  - Post-MI syndrome (Dresser syndrome)
  - Post-traumatic pericarditis
- Characterized by pericarditis - pleuritic chest pain in >80% of patients
- Exudative pleural effusions observed in PPCS, but 85% are small and left-sided
- A unique case of PPCS in a patient who presented without chest pain and was found to have a predominantly large right-sided pleural effusion refractory to first-line treatment
- Diagnosis was complicated by a clinical picture suspicious for pneumonia versus malignancy
- Symptomatic improvement in this case was ultimately achieved with systemic glucocorticoid therapy and therapeutic thoracentesis