

[PICTURES IN CLINICAL MEDICINE]

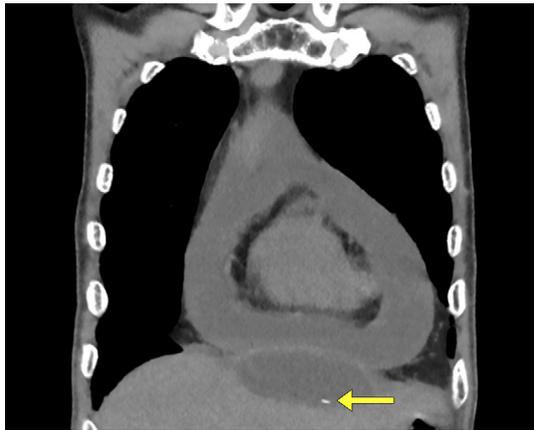
Cardiac Tamponade Provoked by a Subphrenic Abscess

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Key words: pericardial effusion, subphrenic abscess

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Picture 1.



Picture 2.

A 66-year-old man with a 2-month history of epigastralgia was referred to our hospital after developing shock. An echocardiogram revealed a large pericardial echo-free space with collapsed right ventricle. A computed tomography scan of his trunk (Picture 1, 2) showed subdiaphragmatic fluid collection and pericardial effusion. In addition, a fine linear opacity (yellow arrow) was observed, which appeared to be fish bone. After pericardiocentesis and the drainage of the collected subphrenic fluid, yellow serous fluid and slightly bloody pus were discharged. *Streptococcus anginosus* was isolated from the purulent subphrenic fluid. These findings suggested that the two loci did not communicate with each other. The patient was diagnosed with a subphrenic abscess and adjacent secondary non-infectious inflammatory pericardial effusion. The abscess may have occurred due to esophageal perforation by a fish bone. Although subphrenic inflammation might have affected the permeability of the pericar-

dium, the exact pathophysiological mechanism underlying the development of his condition remains unknown.

The authors state that they have no Conflict of Interest (COI).

References

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