

IMAGES IN CARDIOLOGY

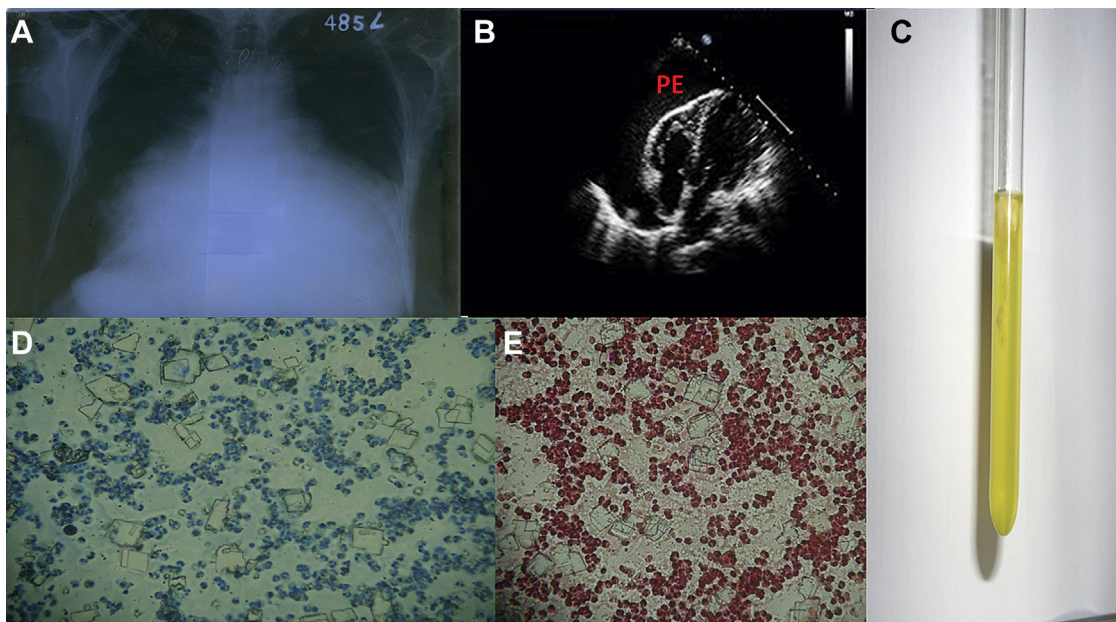
Massive Pericardial Effusion and Cardiac Tamponade Due to Cholesterol Pericarditis in a Case of Subclinical Hypothyroidism



A Rare Event

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A 50-year-old woman presented with dyspnea, abdominal distension, and edema for 20 days. Clinical examination revealed hypotension, an engorged neck vein, and muffled heart sound with clear lung fields. Electrocardiogram demonstrated low voltage QRS complex. Chest x-ray revealed cardiomegaly (A). Echocardiography revealed massive pericardial effusion (PE) with early diastolic collapse of the right atrium and late systolic collapse of the right ventricle (B). Approximately 1,500 ml of fluid was aspirated by emergency pericardial tapping, which showed scintillating yellow fluid with the “gold paint” appearance (C). Laboratory investigations revealed hypercholesterolemia (total cholesterol: 260 mg/dl), increased thyroid-stimulating hormone (10.17 μ U/ml), negative rheumatoid-arthritis factor and antinuclear antibody, and normal blood count, erythrocyte sedimentation rate, and renal and liver function test. Pericardial fluid analysis revealed increased cell count (720 cells/mm³; lymphocyte: 65%), increased cholesterol (78 mg/dl), plenty of cholesterol crystals with mononuclear infiltrates (D, E), normal adenosine deaminase, and absent acid fast bacilli. The patient improved with thyroxine supplementation.