

[PICTURES IN CLINICAL MEDICINE]

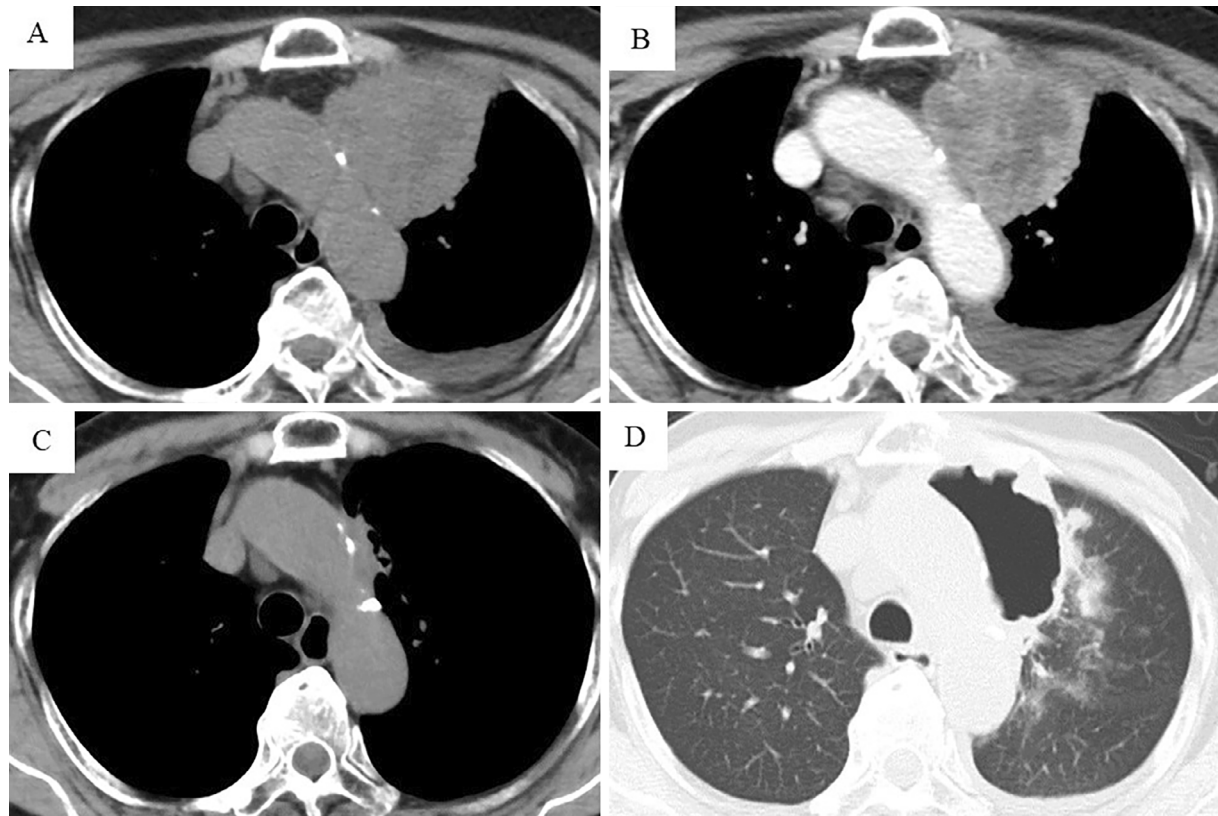
Air Pericardial Tamponade Caused by Lung Cancer

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Key words: air pericardial tamponade, lung cancer

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Picture 1.

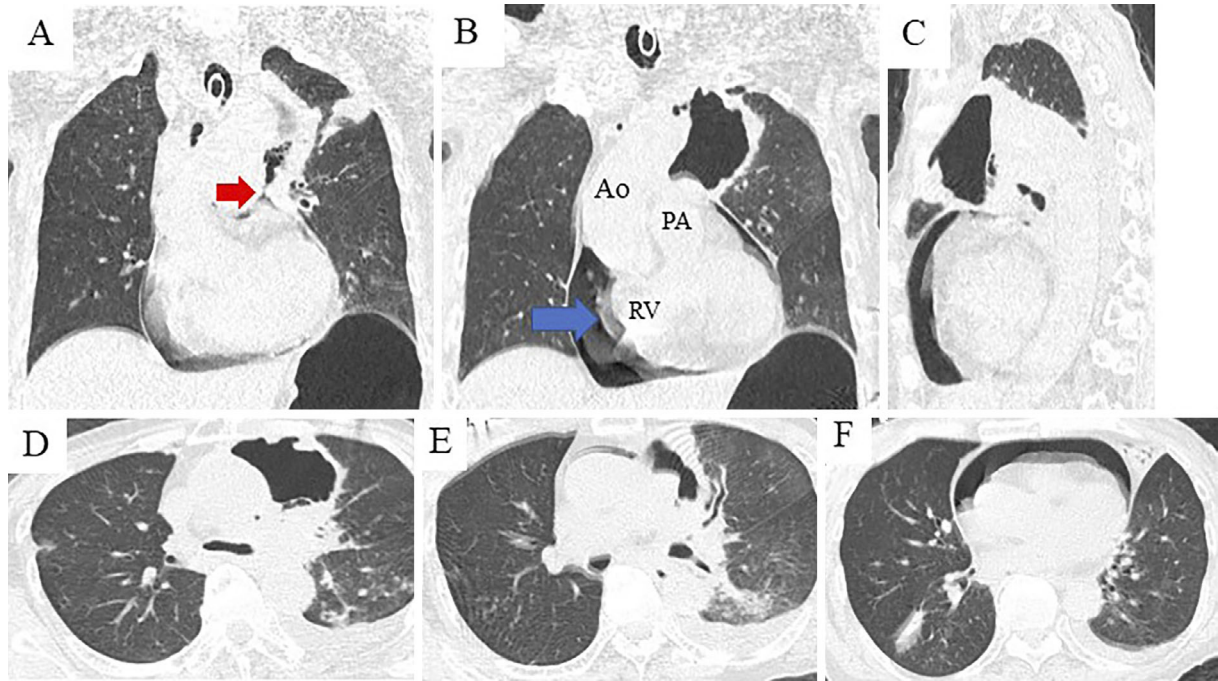
A 78-year-old woman was referred to our hospital due to symptoms of hoarseness in October 2017. Chest computed tomography (CT) revealed a left upper lobe mass (Picture 1A, B). A CT-guided biopsy led to a diagnosis of stage IVB adenocarcinoma, which led to a good partial response to afatinib (Picture 1C) but later the patient became refractory to the treatment and formed a cavity (Picture 1D). She was admitted due to cardiopulmonary arrest in February 2020. CT revealed massive air in the pericardial space, which was directly connected to the cavity (Picture 2). We

diagnosed the patient to have air pericardial tamponade (APT) secondary to ruptured cavitory lung cancer. APT associated with lung cancer has been reported in few cases (1) and it is believed to be secondary to rapid and massive air influx, which thus causes compression of the right heart (Picture 2B: Blue arrow) and a hemodynamic disturbance (2). Physicians need to be aware that a cavitory lung lesion abutting the pericardium may cause a rapid hemodynamic disturbance.

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Picture 2.

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

References

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