

[PICTURES IN CLINICAL MEDICINE]

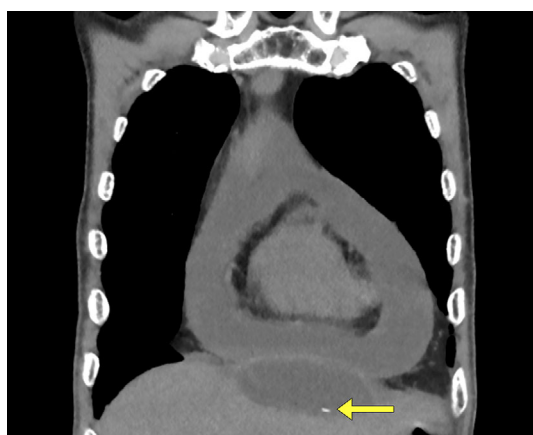
Cardiac Tamponade Provoked by a Subphrenic Abscess

Yuichiro Ono, Akira Takahashi, Jun Kusano and Naoki Moriyama

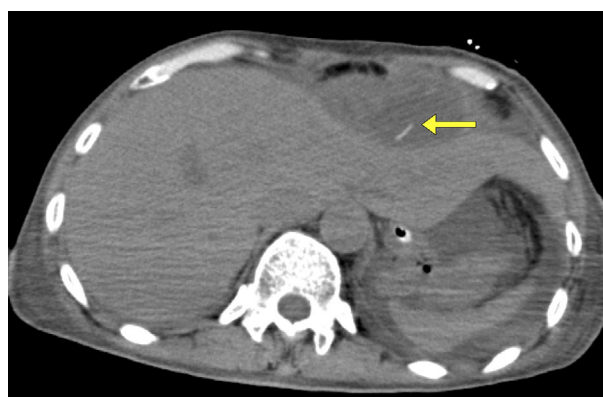
Key words: pericardial effusion, subphrenic abscess

(Intern Med 56: 2691, 2017)

(DOI: 10.2169/internalmedicine.8697-16)



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

1. Horton JM, Tucker WS. Pericarditis with effusion and tamponade complicating left subdiaphragmatic abscesses. *West J Med* **149**: 213-215, 1998.
2. Venkatesh SH, Karaddi NKV. CT findings of accidental fish bone ingestion and its complications. *Diagn Interv Radiol* **22**: 156-160, 2016.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

Acute Care Medical Center, Hyogo Prefectural Kakogawa Medical Center, Japan

Received: December 12, 2016; Accepted: January 24, 2017; Advance Publication by J-STAGE: September 6, 2017

Correspondence to Dr. Yuichiro Ono, yuichiro_ono@hp.pref.hyogo.jp

© 2017 The Japanese Society of Internal Medicine. *Intern Med* 56: 2691, 2017