

[PICTURES IN CLINICAL MEDICINE]

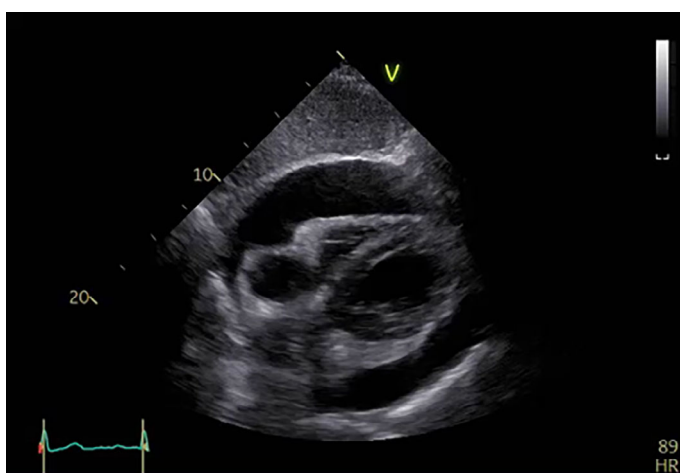
Effusive Constrictive Pericarditis Due to Cholesterol Pericarditis

Hibiki Mima, Yodo Tamaki, Hirokazu Kondo and Toshihiro Tamura

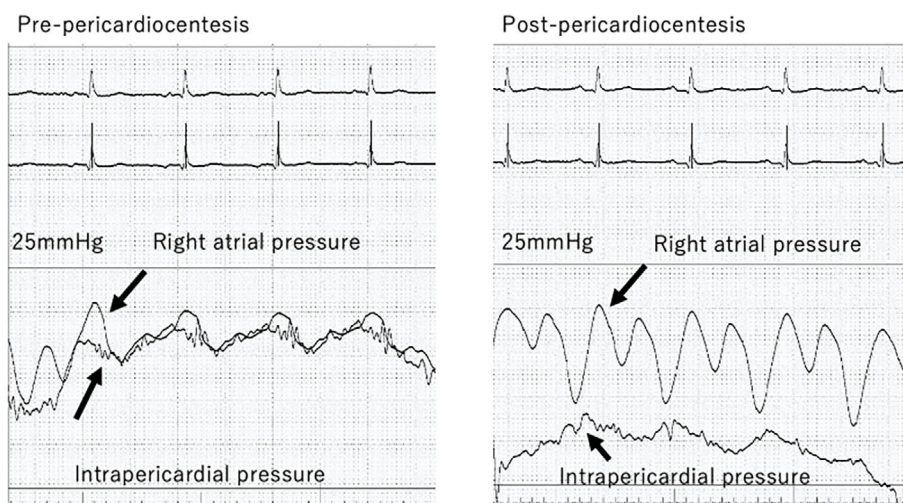
Key words: cholesterol pericarditis, effusive constrictive pericarditis, apolipoprotein B

(Intern Med 61: 1919-1920, 2022)

(DOI: 10.2169/internalmedicine.8403-21)



Picture 1.



Picture 2.

Department of Cardiology, Tenri Hospital, Japan

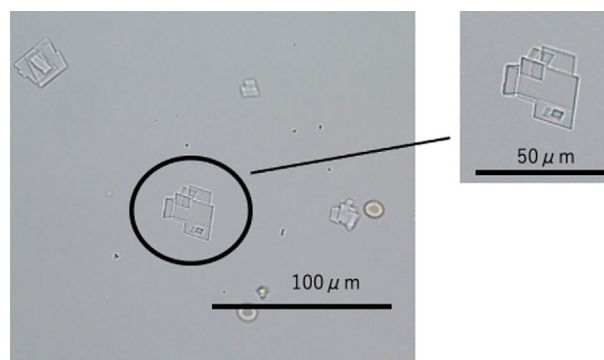
Received: July 24, 2021; Accepted: September 28, 2021; Advance Publication by J-STAGE: November 13, 2021

Correspondence to Dr. Yodo Tamaki, ytamaki@tenriyorozu.jp



Picture 3.

A 78-year-old man undergoing chronic hemodialysis was admitted because of exertional dyspnea lasting for 3 months. Physical examination revealed jugular vein distension and ankle edema. Echocardiography showed massive pericardial effusion without any signs of tamponade (Picture 1). He had a normal thyroid function and no signs of rheumatoid arthritis. Right atrial pressure (RAP) and intrapericardial pressure were equally elevated in right heart catheterization. Aspirating approximately 1,500 mL of pericardial effusion decreased the intrapericardial pressure markedly, but the RAP remained high (Picture 2). Thus, effusive constrictive pericarditis was diagnosed (1). The effusion showed a gold paint appearance (Picture 3), and cholesterol crystals were observed on microscopy (Picture 4), which were diagnostic for cholesterol pericarditis (2). A pericardial fluid analysis showed normal cell counts, predominantly macrophages, normal adenosine deaminase, high cholesterol (88 mg/dL;



Picture 4.

reference, <70 mg/dL), and low apolipoprotein B (7 mg/dL).

Pericardial effusion with a gold paint appearance should indicate the need to immediately perform a microscopic examination.

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

References

1. Sagristà-Sauleda J, Angel J, Sánchez A, Permanyer-Miralda G, Soler-Soler J. Effusive-constrictive pericarditis. *N Engl J Med* **350**: 469-475, 2004.
2. Brawley RK, Vasko JS, Morrow AG. Cholesterol pericarditis. Considerations of its pathogenesis and treatment. *Am J Med* **41**: 235-248, 1966.

The Internal Medicine is an Open Access journal 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/>).