

Editorial

Diagnosis - Idiopathic Chylopericardium; Pleuro-Pericardium Window Created

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Editorial

54 yr old female resident of Nepal k/c/o Hypertension from last 10 yrs presented with complain of low-grade fever associated with sweating & Shortness of Breath associated with left sided chest pain since April 2022. On evaluation she Was detected to have large pericardial effusion in May 2022 and was started on empirical Anti Tubercular Therapy since June. She was Unresponsive to empirical ATT & Continued to have persistent large pericardial effusion despite of repeated Pericardiocentesis. She presented to our center in dec 2022 with complain of shortness of breath NYHA class IV. On examination she was tachypneic with RR- 20/min, BP- 90/60mmhg, pulse- 120/min. CVS- S1S2 muffled. ECG- showed low QRS voltage sinus tachycardia. 2D ECHO- LVEF 60% no RWMA, valves- normal, large pericardial effusion ant to RV- 20mm, post to LV- 35mm with impending tamponade features. Pericardiocentesis done on Day 1. Initially it was hemorrhagic pericardial fluid drained 900ml. she was planned for daily pericardiocentesis through pigtail & workup to rule malignancy & tuberculosis (Table 1).

- Urine RE, ME- NAD
- Urea-11mg/dL, Creat-0.56mg/dL,
- CRP-5.0mg/L,
- S. Procalcitonin-0.60ng/mL
- ESR-08 mm fall/1st hour
- Anti CCP- 15 RU/ml
- Rheumatoid Factor-positive 34.1mIU/ml (0-20)
- ANA (by IIF)-Negative
- dsDNA (by IIF)-Negative
- MPO(PANCA)-5.4U/ml
- ANA Profile (LIA)-Rib- PO (0.9)

- ELISA anti CCP-2.0U/ml (0-25)
- C3/C4-1.37/0.388
- IgG/IgA/IgM-11.7/1.85/0.894
- Viral Markers -Negative
- HBV DNA PCR-TND
- HCV RNA PCR-TND
- HbA1c -4.79%
- T3/T4/TSH-2.96/0.96/2.63
- CA 125-29.3 U/ml
- CEA-4.93 ng/ml
- Blood C/S- No Growth in Aerobic or Anaerobic bottles
- USG (KUB+ABD+PELVIS) 09/02/203-No significant abnormality
- CAG (11/02/2023)- Right Dominant Normal Epicardial Coronaries
- EBUS-TBNA Cytology-Negative for granulomatous pathology/malignancy
- Cell Block -Negative for granulomatous pathology or any malignancy
- Pericardial Fluid analysis
- cytology- predominantly neutrophils
- WBC-10000/RBC-6000
- Sugar -116mg/dL (RBS-196mg/dL)
- Fluid Protein-5.2mg/dL
- LDH -156 mg/dl
- ADA-2.1
- Pericardial Fluid -Gram, AFB, India Ink Stain-Negative
- Pericardial Fluid samples cultures No Growth.

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Daily 50-60ml pericardial fluid was aspirated. In view of persistent pericardial effusion, she was started on empirical colchicine & steroid treatment for 6 weeks. Pericardial fluid become milkish white in colour after few weeks, pericardial fluid cholesterol 7 triglyceride was sent.

- Pericardial fluid

- Cholesterol-50mg/dl
- Triglyceride- 282mg/dl

She was started on inj octreotide, low fat medium chain triglyceride rich diet & plan for lymphoscintigraphy.

Lymphoscintigraphy- Diffuse tracer uptake is noted in the region of heart. Few foci of tracer are noted superior to heart likely – lymph node. Possibility of chylopericardium.

CTVS opinion was taken in view of persistent pericardial effusion & chylothorax probability. Pleuro-pericardial window was created by CTVS team through left Mini Thoracotomy on 15/02/2023. Continued to have drainage of pericardial fluid through ICD tube, but it resolved after 7 days. ICD tube removed after 2 weeks.

On repeat echo- LVEF 60%, no rwma, minimal pericardial effusion post to LV 5mm. on repeated echo there is no increase in pericardial effusion. Patient was discharged with dietary advice of low-fat medium chain triglyceride rich diet.

Table 1: Pericardiocentesis on different days.

	01/01/23	30/01/23	14/02/23	22/02/23
Hb g/dL	12.2	11.6	12.2	11.7
TLC/cumm	8080	7200	4700	5510
Plt Lakh/cumm	2.359	3.06	3.04	3.67
Urea/Creat mg/dL	11/0.56	13/0.62	9/0.63	5/0.43
Na/K meq/Ltr	143/4.0	140/4.3	144/4.8	142/3.8
S.Bil mg/dL	0.26	0.4	0.39	0.3
OT/PT IU/L	140/120	28/71	40/38	39/23
ALP IU/L	40	72	90	68
Protein/alb gm/dL	6.5/3.9	7.3/4.0	8.0/4.0	6.5/3.0
S.LDH (IU/L)	280	266	269	254