

Introduction

- Post-pericardiotomy syndrome (PPCS) occurs secondary to pericardial injury generally post-cardiac procedure (valve replacement, PCI, PPM, RF ablation)
- Occurs in a large percentage of patients (10-40%) who have undergone cardiothoracic surgery
- Frequently underdiagnosed because it is a clinical diagnosis which typically presents after patient discharge
- Contributes significantly to post-op morbidity, prolonged hospital stays, readmissions
- Presents with fever, pleuritic chest pain, pericardial rub, elevated c-reactive protein (CRP) and pericardial/pleural effusions.

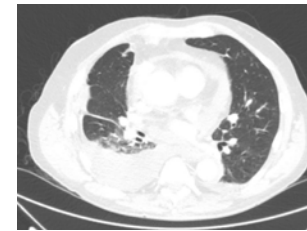
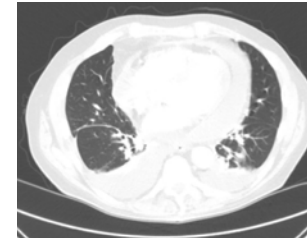
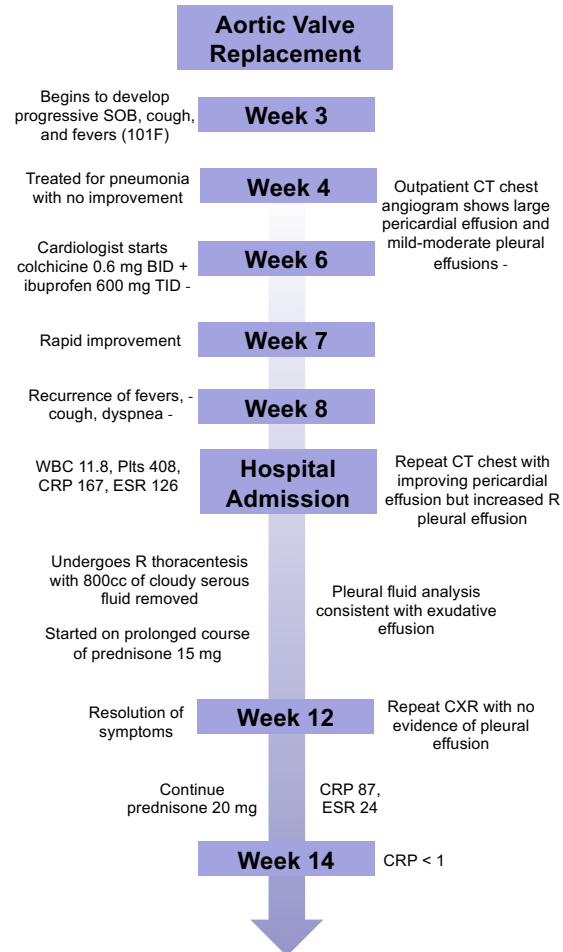
Background

- Unilateral pleural effusions are reported in a minority of patients with PPCS
- This is an unusual case of PPCS that presented with primarily pulmonary symptoms and a large R pleural effusion which was refractory to initial treatment and ultimately required therapeutic drainage

Case Presentation

A 65-year-old man with a 22-pack-year smoking history, severe aortic stenosis, and recent bioprosthetic aortic valve replacement presented with worsening dyspnea, productive cough, fever, and night sweats.

Clinical Course



Conclusions

- Post-cardiac injury syndrome:
 - PPCS
 - Post-MI syndrome (Dresser syndrome)
 - Post-traumatic pericarditis
- Characterized by pericarditis - pleuritic chest pain in >80% of patients
- Exudative pleural effusions observed in PPCS, but 85% are small and left-sided
- A unique case of PPCS in a patient who presented without chest pain and was found to have a predominantly large right-sided pleural effusion refractory to first-line treatment
- Diagnosis was complicated by a clinical picture suspicious for pneumonia versus malignancy
- Symptomatic improvement in this case was ultimately achieved with systemic glucocorticoid therapy and therapeutic thoracentesis

References

1. Bielsa, S., Corral, E., Bagüeste, P. and Porcel, J.M., 2016. Characteristics of Pleural Effusions in Acute Idiopathic Pericarditis and Post-Cardiac Injury Syndrome. *Annals of the American Thoracic Society*, 13(2), pp.298-300.
2. Imazio, M. and Hoit, B.D., 2013. Post-cardiac injury syndromes. An emerging cause of pericardial diseases. *International journal of cardiology*, 168(2), pp.648-652.
3. Kumar, S., Madanieh, A., Patel, H., Murthy, R.S., Goyos, J.M. and Milunski, M.R., 2018. Large Unilateral Pleural Effusion with Pacemaker-associated Post-cardiac Injury Syndrome. *Cureus*, 10(7).
4. Paiardi, S., Cannata, F., Ciccirelli, M. and Voza, A., 2017. Post-cardiac injury syndrome: an atypical case following percutaneous coronary intervention. *The American journal of emergency medicine*, 35(12), pp.1985-e1.
5. Tamarappoo, B.K. and Klein, A.L., 2016. Post-pericardiotomy syndrome. *Current cardiology reports*, 18(11), p.116.

