PNEUMOPERICARDIUM

A 32-year-old woman had undergone a renal transplant 2 weeks previously for chronic renal failure. She was being treated with a variety of antihypertensive and immunosuppressive agents.

A chest radiograph (not shown) demonstrated marked apparent cardiomegaly. Echocardiography showed that this was due to a large pericardial effusion, estimated at 1 300 ml. Although the patient was haemodynamically asymptomatic, the pericardial fluid was tapped as a diagnostic procedure.

The chest radiographs (Figs 1 and 2) were taken following the tap. Four days later the intrapericardial air had disappeared, but the apparent cardiomegaly persisted. Culture of the pericardial fluid was negative.

The pericardial fluid was thought to have been due to the minoxidil that the patient had been receiving for her hypertension. She was discharged from hospital 43 days after the transplant with improving renal function.

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Fig. 1. Erect frontal chest radiograph demonstrates intrapericardial air and a fluid level (thin arrow) in the distended pericardial sac, outlined by pericardium and pleura (broad arrows). Also note the ascending thoracic aorta (open arrows) and the left atrial appendage (arrowhead) outlined by air.

Fig. 2. Lateral chest radiograph shows the pericardium (broad arrow), the ascending thoracic aorta (open arrow), the main pulmonary artery (curved arrow) and fluid levels (thin arrows).

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