Severely complicated emergency blind pericardiocentesis: Evidence from multimodality imaging

Pericardiocentese cega emergente gravemente complicada: evidência imagiológica multimodal

Manuel Barreiro-Perez*, Ana Martin-Garcia, Marta Alonso-Fernández de Gatta, Pedro L. Sanchez

Complejo Asistencial Universitario Salamanca (CAUSA), Instituto de Investigación Biomédica Salamanca (IBSAL), CIBER-CV, Salamanca, Spain

Received 1 July 2017; accepted 2 September 2017
Available online 19 June 2018

A 27-year-old woman was admitted to our center after emergency vascular surgery for spontaneous dissection of the left iliac artery. Congenital factor VIII deficiency and family history of complicated brain aneurysm were previously reported. Hemoperitoneum and hemothorax were identified after surgery as consequences of a severe coagulation disorder and the patient suffered cardiac arrest with pulseless electrical activity. A portable echocardiograph detected pericardial effusion and emergency blind subxiphoid pericardiocentesis was performed with recovery of pulse. An urgent cardiology evaluation was subsequently performed.

* Corresponding author.
E-mail address: manuelbarreiroperez@gmail.com (M. Barreiro-Perez).

0870-2551/© 2018 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
required. Transthoracic echocardiography views were severely limited, so it was decided to undertake transesophageal echocardiography. This revealed a catheter crossing the aortic valve to the ascending aorta (Figure 1A). Contrast-enhanced computed tomography angiography confirmed the intravascular placement of a drainage with its distal tip in the proximal segment of the left carotid artery (Figure 1B). The ventricular insertion point was in the anterior interventricular groove, close to the distal segment of the left anterior descending coronary artery (Figure 1C). Prior to entering the operating room, the patient suffered a new cardiac arrest and resuscitation maneuvers were ineffective. Subsequent autopsy revealed systemic vascular and tissue fragility (spontaneous liver and spleen lacerations, aortic rupture and hyoid bone fracture with minimal procedural manipulation), compatible with a diagnosis of type 4 Ehlers-Danlos syndrome.

This report has two key messages. Pericardiocentesis is not free from severe complications and should be performed with imaging whenever possible. Moreover, a congenital connective tissue disorder should be suspected in young patients with spontaneous arterial complications.

**Conflicts of interest**

The authors have no conflicts of interest to declare.