

Pneumopericardium in AIDS

A 46-year-old man receiving antiretroviral therapy since 4 months for AIDS presented to the emergency department with complaints of chest pain and breathlessness. He had a history of anti-tubercular treatment for tubercular lymphadenitis prior to the initiation of antiretroviral therapy. He was in a state of peripheral circulatory failure with tachypnoea and a raised jugular venous pressure. Skiagram of the chest demonstrated an air space parallel to the lateral and medial border of the heart suggestive of pneumopericardium as well as patchy areas of consolidation (figure 1). A CT scan of the chest confirmed pneumopericardium, without associated pericardial effusion (figures 2 and 3). The patient was treated with underwater seal drainage on an emergency basis; however, he died shortly thereafter, before the operative drainage could be completed. Besides this case, there are only few reports in the literature showing this association.¹

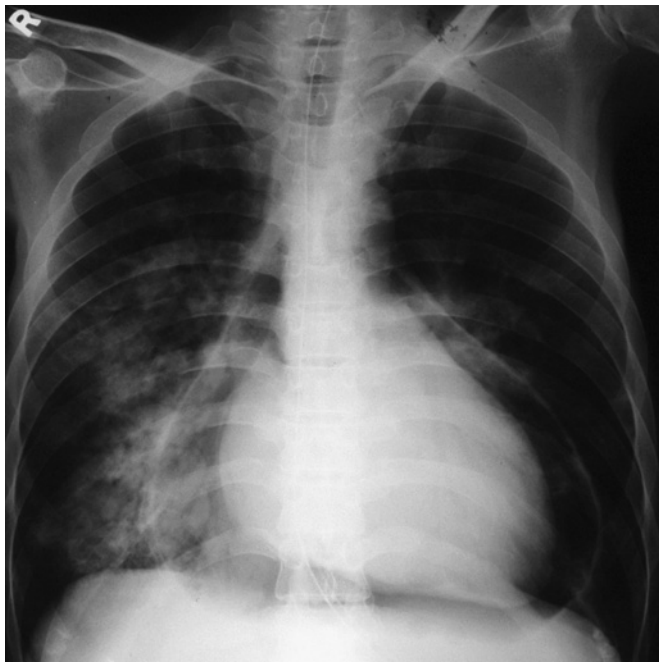


Figure 1

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Competing interests None.

Patient consent Obtained.

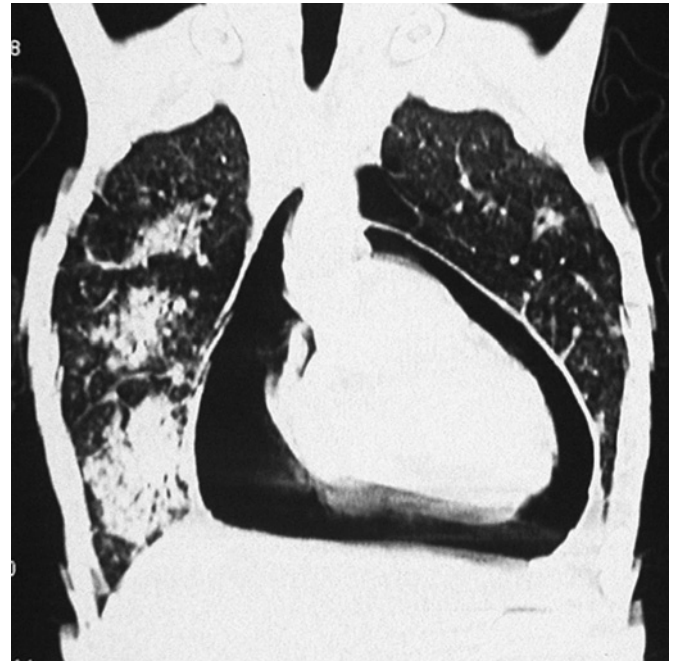


Figure 2



Figure 3

Provenance and peer review Not commissioned; not externally peer reviewed.

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REFERENCE

1. Kabinoff GS, Gitler B. Pneumopericardium in a patient with AIDS. *Tex Heart Inst J* 2002;29:51–3.