

Massive Purulent Pericarditis Presenting as Cardiac Tamponade

Introduction

Purulent pericarditis is a very serious form of acute bacterial pericarditis with significantly high mortality rate.

Case Summary

A 29-year-old male presented with shortness of breath, fever and night sweats. He was hemodynamically unstable with heart rate of 104 bpm, and blood pressure of 90/60 mm/Hg. He had leukocytosis and elevated erythrocyte sedimentation rate at 90 mm/hr. Transthoracic echocardiogram findings were concerning for cardiac tamponade. An emergent pericardiocentesis was performed and a pericardial drain was placed. Pericardial fluid analysis was concerning for infectious etiology and culture grew *Staphylococcus Saccharolyticus*. Esophagram with contrast revealed extravasation of contrast into mediastinum with esophageal perforation approximately 10 cm above gastroesophageal junction. Patient was kept on broad spectrum coverage stabilize after esophageal stent placement.

Discussion

Purulent pericarditis is extremely rare these days, mostly seen in immunocompromised patients. It carries a mortality rate of 85% in untreated patients. Our patient had spontaneous rupture of esophagus leading to chronic inflammation of mediastinum causing tamponade. He was successfully treated with optimal source control; long term IV antibiotics and pericardial drainage. Strong clinical suspicion is needed to make prompt diagnosis as early aggressive therapy is required for this potentially lethal entity.