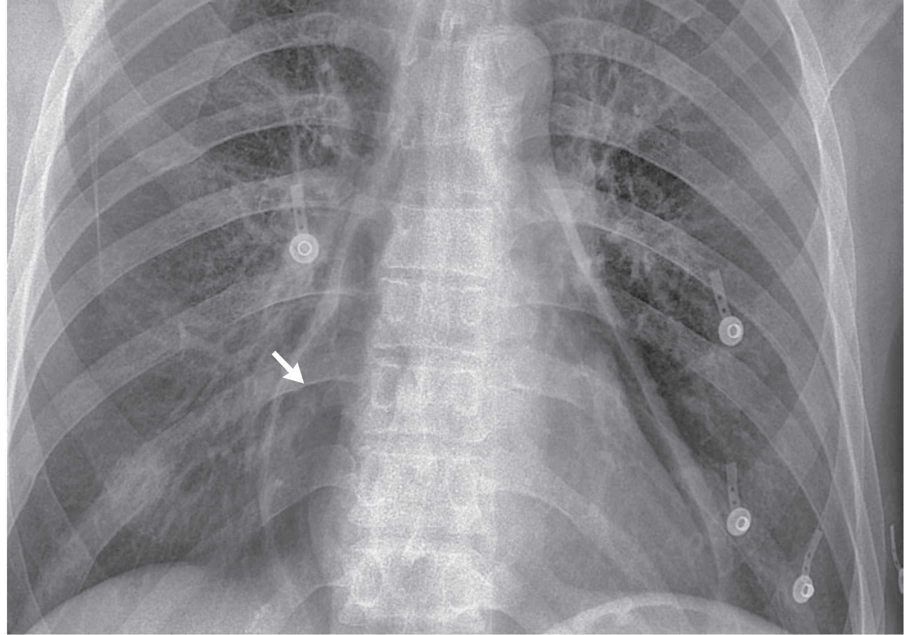
IMAGES IN CLINICAL MEDICINE

Pneumopericardium



Mehdi Karoui, M.D., Ph.D.
Petru Octav Bucur, M.D.

Hôpital Henri Mondor
F-94010 Creteil CEDEX, France

A 47-YEAR-OLD HOMELESS MAN PRESENTED TO THE EMERGENCY DEPARTMENT 1 week after the onset of chest pain. He was hemodynamically stable. The physical examination was unremarkable. A routine complete blood count revealed 27,000 leukocytes per cubic millimeter. A chest radiograph showed pneumopericardium (arrow) without evidence of pneumothorax or pneumomediastinum. A computed tomographic scan of the chest confirmed the diagnosis of pneumopericardium and showed circumferential wall thickening of the distal esophagus with an associated esophagopericardial fistula. Esophagoscopy revealed a deep esophageal ulcer 4.5 cm in diameter, 36 cm from the incisors; the pericardial cavity and the lining of the columnar epithelium could be directly visualized to the distal 10 cm of the esophagus. Esophageal-biopsy specimens showed intestinal metaplasia with inflammation and high-grade dysplasia. The diagnosis was Barrett's esophagus. The patient was taken to the operating room, where lavage and drainage of the pericardium were performed, a pericardial patch and an esophageal stent were placed, and jejunostomy was performed. The patient's postoperative course was uneventful, and 11 months later, the patient was well.

Copyright © 2008 Massachusetts Medical Society.

The New England Journal of Medicine
Downloaded from nejm.org on February 12, 2012. For personal use only. No other uses without permission.
Copyright © 2008 Massachusetts Medical Society. All rights reserved.