

Effusion or Mass? Efusão ou Massa?

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A 65-year-old female presented to the Emergency Room with progressively worsening chest pain, radiating to her back and arms. Her medical history included stage IV pulmonary adenocarcinoma with paraneoplastic pericardial effusion, for which she underwent pericardiocentesis and pericardial window 3 months prior. Upon presentation, she was hemodynamically stable. No signs of myocardial ischemia were observed on the electrocardiogram. A cardiac ultrasound revealed a large hyperechogenic structure adjacent to the right atrium. This finding raised concerns about whether it was a recurrence of the pericardial effusion or a metastatic compressive lesion. Subsequent computed tomography (CT) imaging identified a lobulated collection contiguous to the pericardium, causing significant compression of the right atrium and ventricle, with dimensions of approximately 90x50 mm (Figs. 1 e 2).

Based on these findings, the patient was diagnosed with a recurrent pericardial effusion, characterized by significant size and rapid growth, and she underwent another pericardial window placement.

The management of pericardial effusion is guided by hemodynamic stability, inflammation, size, and underlying etiology.¹ Recognizing signs of severity and hemodynamic instability is critical, as timely intervention can be lifesaving.² ■

Contributorship Statement

SV - Article conceptualisation and drafting.

RC - Article drafting and revision.

LG - Article revision.

All authors approved the final version to be published.

Declaração de Contribuição

SV - Concepção e redação do artigo.

RC - Redação e revisão do artigo.

LG - Revisão do artigo.

Todos os autores aprovaram a versão final a ser publicada.

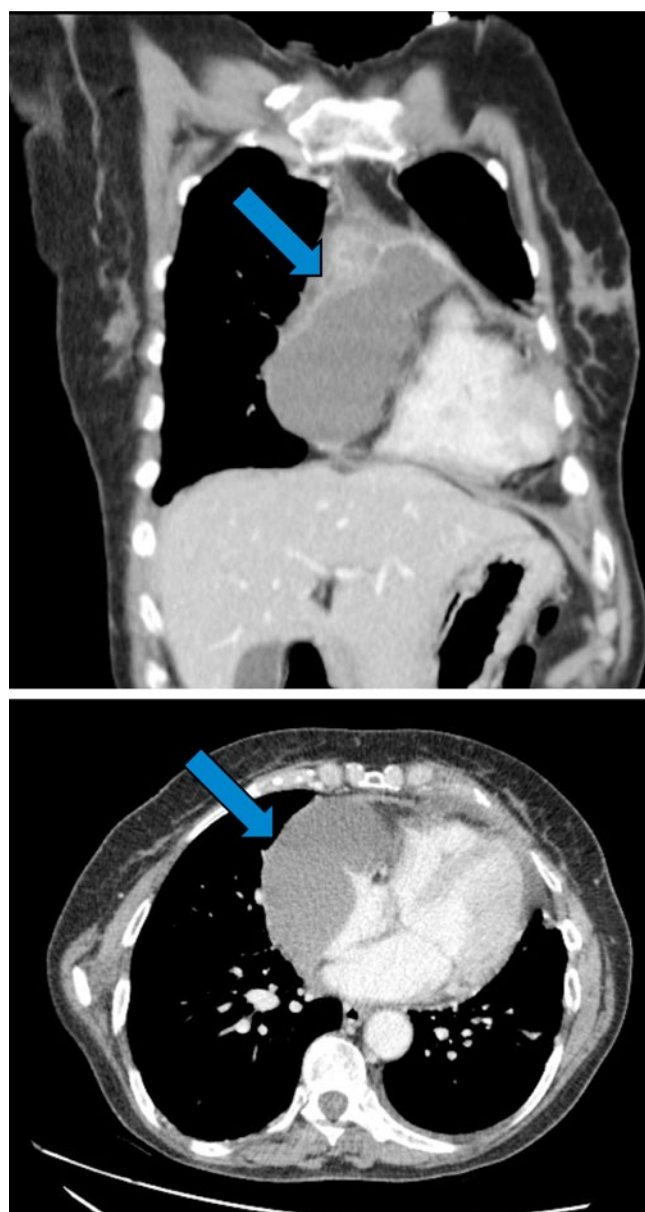


Figure 1 and 2: Computed tomography (CT) scan revealing a lobulated collection contiguous to the pericardium, causing significant compression of the right atrium and right ventricle, measuring about 90x50 mm (arrows).

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