



## CLINICAL IMAGE

# Tuberculous Pericardial Effusion in an Immunocompromised Patient- A Lethal Combination

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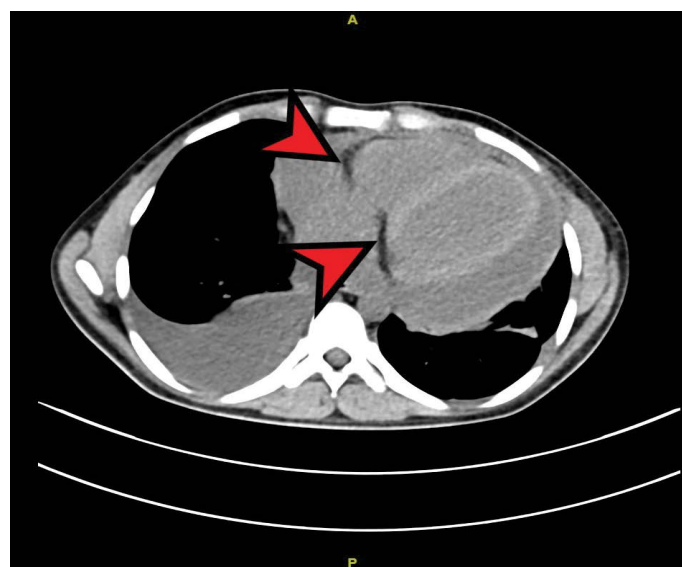
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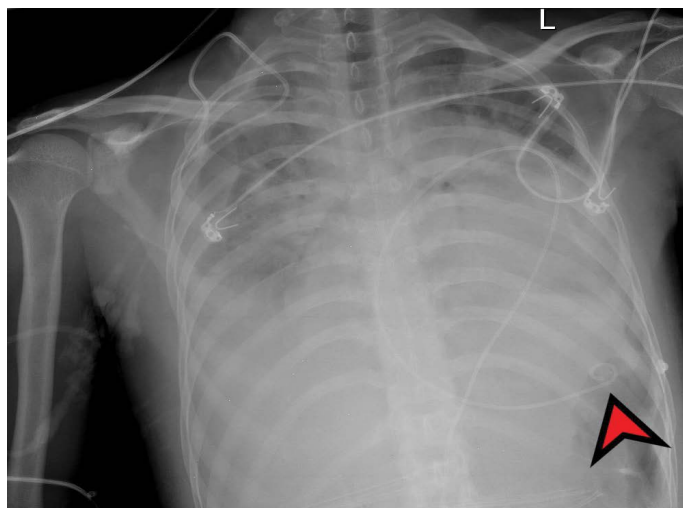
## Case Description

A 23-year-old male was diagnosed with acute myelocytic leukemia was started on induction chemotherapy but despite treatment, he did not go into remission and developed fever, cough, and respiratory distress. He tested positive for COVID-19. Further investigation revealed the presence of pulmonary

tuberculosis and antitubercular treatment was started. Two days later, he developed respiratory distress and 2D echocardiography along with High-resolution computed tomography was done which showed the presence of massive pericardial effusion. (Video 1 and Figure 1) A pigtail catheter was inserted under fluoroscopic guidance (Figure 2) and 500 ml of hemorrhagic fluid



**Figure 1:** High-resolution computed tomography showing the presence of pericardial effusion (red arrow).



**Figure 2:** Chest X-ray showing presence of pericardial pigtail catheter.

was aspirated. Pericardial fluid aspiration was started at regular intervals. But there was no improvement in his clinical condition. Due to increasing respiratory distress, he was intubated and mechanical ventilation was started. Due to reduced output from the catheter, manual aspiration was attempted but failed even after flushing the catheter with 10 ml of heparinized saline. The patient later developed ventricular bigeminy and succumbed due to cardiogenic shock.

### Conflict of Interest

None.

### Acknowledgement

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