

IMAGE SECTION Section Editor: Brian D. Hoit, M.D.

# Tuberculous Pericarditis Mimicking a Pericardial Tumor

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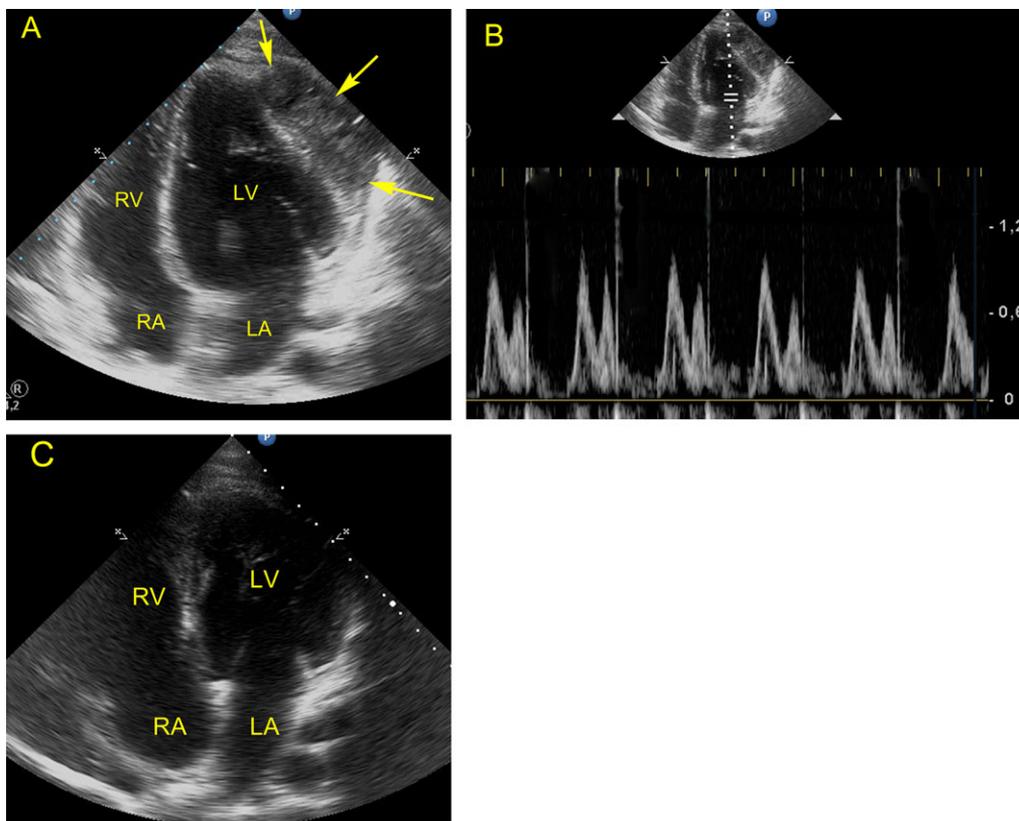
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A 27-year-old man, native of Ghana, being evaluated for atypical chest pain was found, on echocardiography, to have an intrapericardial

mass adjacent to the left ventricle in the four-chamber apical view. A small rim of pericardial effusion was also seen (Fig. 1A). No signs of peri-



**Figure 1.** **A, B.** Doppler echocardiographic images obtained on admission and **C.** after treatment during follow-up. **A.** apical four-chamber view showing a pericardial mass (arrows) adjacent to the left ventricle; **B.** normal transmitral pulsed-wave Doppler flow-pattern demonstrating no evidence of pericardial constriction; **C.** normal apical four-chamber view showing the complete resolution of the previously diagnosed pericardial mass. LA = left atrium; LV = left ventricle; RA = right atrium; RV = right ventricle.

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cardial constriction were detected on Doppler recordings (Fig. 1B). Computed tomography of the chest demonstrated mediastinal lymphadenopathy. The patient did not have any relevant medical history. A provisional diagnosis of pericardial tumor was made. Histological analysis of thoracoscopically obtained lymphatic and pericardial tissue specimens, however, indicated an inflammatory process with giant Langhans-type cells suspicious for tuberculosis. Acid-fast bacilli smear and culture were not performed. Considering the high burden of tuberculosis in both Ghana and Ukraine, a standard four-drug antituberculous treatment regimen for extrapulmonary tuberculosis was instituted,<sup>1</sup> resulting in complete resolution of symptoms and of the pericardial mass (Fig. 1C). The patient remained asymptomatic after 2 years follow-up without further recurrences.

Tuberculosis of the pericardium, spreading most often from the mediastinal lymph nodes or representing reactivation of the disease without an apparent primary focus of infection, typically manifests as a pericardial effusion with fibrin

strands (80% of cases), pericardial constriction (5% of cases), or as an effusive-constrictive pericarditis (15% of cases).<sup>2</sup> Atypical manifestations of tuberculous pericarditis presenting as free-floating masses in pericardial effusion<sup>3</sup> or cystic pericarditis<sup>4</sup> have been previously reported. This case illustrates an unusual presentation of tuberculous pericarditis as a loculated organized pericardial effusion mimicking a pericardial tumor.

## References

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