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A misleading presentation of severe acute surgical abdoman revealing a tamponade

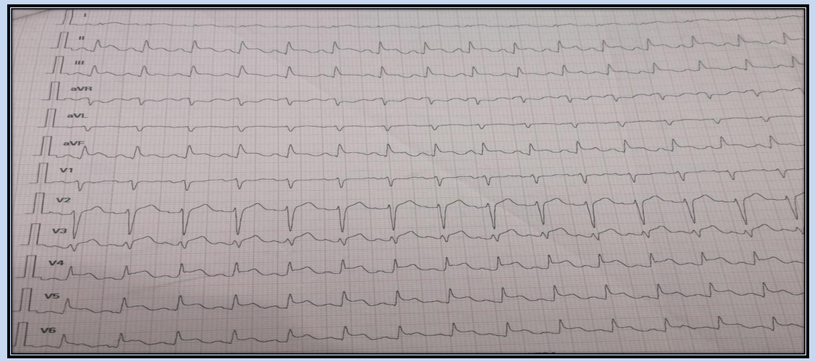
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Introdcution:

- Tamponade is an uncommon, potentially life-threatening disease that presents with a wide range of symptoms. In many instances, the clinical presentation is obvious.
- In other situations, patients present with viral illness of respiratory or gastrointestinal tracts (or both) or non specific symptoms such as fatigue leading the clinician astray. However, the consequences could be fatal: cardiac tamponade leading to an abrupt cardiac arrest.
- We report a case of tamponade revealed after an initial presentation to emergency department (ED) of gastroenteritis complicated with shock.

Case Report:

- A 38-year-old woman with no medical nor surgical history presented to ED complaining of abdominal pain, vomiting, and diarrhea and severe weakness for 4 days. She mentioned symptoms of flu a week ago.
- The first clinical examination has shown: a respiratory rate of 30c/mn, undetectable oxygen saturation, with a normal pulmonary auscultation. The blood pressure was undetectable with peripheral signs of shock (cold extremities and mottled skin) and tachycardia (heart rate 15O bpm). She had minimal altered mental state and she was normothermic.
- The abdominal examination showed a general tenderness but without signs of hemorrhage in both rectal and vaginal exam. The blood gas has shown a metabolic acidosis with hyperlactataemia.
- **The initial clinical presentation was suggestive of an acute surgical abdomen with shock.**
- The patient was oxygenated and fluid feeling was performed (1oooml of saline solution in 30 minutes). The blood pressure didn't rise and the patient developed pulmonary oedema. Vasoactive drugs were administrated on a central line catheter: norepinephrine first then associated with dobutamine.
- **The elecrocardiogram revealed a diffuse concave upward ST-segment elevation in most leads, PR depression and microvoltage**. (Figure1) :



- The patient has mentioned later the occurrence of a vague chest pain.
- A bedside abdominal ultrasound (US)(Figure2) was performed eliminating abdominal fluids then the sub-xiphoid view has finally showed **a circumferential pericardial effusion.**

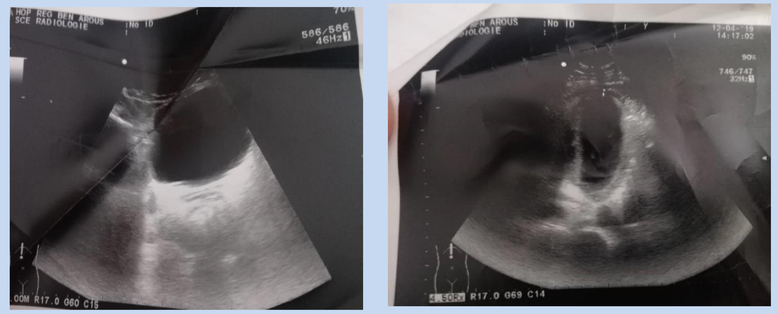


Figure2: Bedside abdominal US

- The high sensitivity troponins was positive (21332 ng/l). Hemoglobin was 17.6 g/dl. The liver function test, lipase level and Beta-HCG were normal. The renal function was abnormal.
- **The final diagnosis was acute peri-myocarditis complicated with cardiogenic shock associated with obstructive shock secondary to cardiac tamponade**.
- We started an emergency pericardiocentesis guided with bedside US (figure 2).
- Unfortunately, the patient had a cardiac arrest and didn't regain ROCS after 40 minutes of resuscitation.

Conclusion and prespective:

- Peri-myocarditis is a severe inflammatory affection generally secondary to an acute viral infection of the respiratory or gastrointestinal tract .
- The clinical presentation of tamponade can be misleading and intricate especially in the absence of typical pericardial chest pain. However, it should always be suspected in case of shock especially in young patients.
- Bedside US performed by emergency physician may be the success key in such situations.