Endoscopic ultrasound-guided transesophageal pericardiocentesis: an alternative approach to a pericardial effusion

Echocardiography-guided pericardiocentesis is a procedure commonly performed by cardiologist to evaluate pericardial effusions. It is generally considered a relatively safe procedure with minimal complications and a high success rate [1–3]. However, a safe approach to the pericardial effusion may on occasion not be possible. Endoscopic ultrasound (EUS) is capable of better visualization of the pericardium and left atrium. This is the first report to highlight the use of EUS-guided pericardiocentesis as an alternative method to the echocardiography-guided procedure.

A 76-year-old man presented with chest discomfort and suspected pericardial effusion on a chest radiograph (Fig. 1). A computed tomography (CT) scan of his chest demonstrated a large volume pericardial effusion located in the posterior sac (Fig. 2). Conventional echocardiography-guided pericardiocentesis was attempted by an experienced cardiologist but was unsuccessful owing to the lack of effusion in the anterior sac, as had been previously shown on chest CT scan. Having given his informed consent, the patient underwent an EUS-guided pericardiocentesis. With the patient in a supine position, a safe puncture route away from cardiac movement was identified (Fig. 3a). The puncture was performed from the lower esophagus using a 22-gauge needle (Fig. 3b) and 100mL of fluid was successfully obtained. The fluid was clear and yellowish, with normal results on biochemical testing, negative cytology, and negative cultures for bacterial and acid-fast bacillus.

To reduce the risk of complications, intravenous antibiotics were given before the procedure to prevent procedural infection. During and after the procedure the patient was carefully monitored and remained free of chest discomfort. No early or late complications such as infection, arrhythmia, heart failure, or bleeding occurred. A repeat chest radiograph 2 months later revealed a smaller cardiac silhouette (Fig. 4).

Echocardiography-guided pericardiocentesis is a procedure commonly performed by cardiologist to evaluate pericardial effusions. It is generally considered a relatively safe procedure with minimal complications and a high success rate [1–3]. However, a safe approach to the pericardial effusion may on occasion not be possible. Endoscopic ultrasound (EUS) is capable of better visualization of the pericardium and left atrium. This is the first report to highlight the use of EUS-guided pericardiocentesis as an alternative method to the echocardiography-guided procedure.

A 76-year-old man presented with chest discomfort and suspected pericardial effusion on a chest radiograph (Fig. 1). A computed tomography (CT) scan of his chest demonstrated a large volume pericardial effusion located in the posterior sac (Fig. 2). Conventional echocardiography-guided pericardiocentesis was attempted by an experienced cardiologist but was unsuccessful owing to the lack of effusion in the anterior sac, as had been previously shown on chest CT scan. Having given his informed consent, the patient underwent an EUS-guided pericardiocentesis. With the patient in a supine position, a safe puncture route away from cardiac movement was identified (Fig. 3a). The puncture was performed from the lower esophagus using a 22-gauge needle (Fig. 3b) and 100mL of fluid was successfully obtained. The fluid was clear and yellowish, with normal results on biochemical testing, negative cytology, and negative cultures for bacterial and acid-fast bacillus.

To reduce the risk of complications, intravenous antibiotics were given before the procedure to prevent procedural infection. During and after the procedure the patient was carefully monitored and remained free of chest discomfort. No early or late complications such as infection, arrhythmia, heart failure, or bleeding occurred. A repeat chest radiograph 2 months later revealed a smaller cardiac silhouette (Fig. 4).
There are some cases that are challenging for percutaneous echocardiography-guided pericardiocentesis as it is not possible to obtain a clear puncture route because of the narrow window. EUS-guided pericardiocentesis may be a potential alternative if echocardiography-guided pericardiocentesis fails. Transbronchial pericardiocentesis has also been reported as an alternative method to echocardiography-guided pericardiocentesis [4].

Competing interests: None

Y. Hashimoto, K. Inoue
Department of Gastroenterology, Fujigaoka Hospital Showa University, Yokohama, Japan

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1326074
Endoscopy 2016; 48: E71 – E72
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Y. Hashimoto, MD
Gastroenterology, Internal Medicine
Fujigaoka Hospital Showa University
1-39-35 Fujigaoka Aoba
Yokohama 227-0043
Japan
Fax: +81-045-9726727
yusuke.h914@gmail.com