

Pneumopericardium Secondary to Oesophageal Stent Invasion

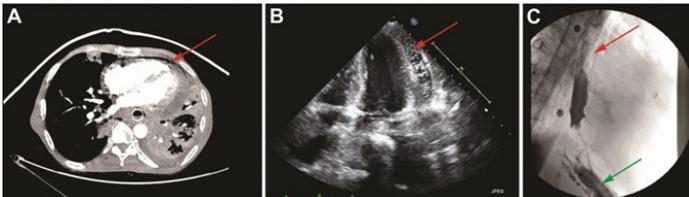
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INTRODUCTION

A 64-year-old gentleman presented with acute shortness of breath. He had been diagnosed with stage III oesophageal cancer one year back. Six months prior to his admission, he had undergone oesophageal stenting and percutaneous endoscopic gastrostomy (PEG) tube placement. On the day of his presentation, he suddenly developed respiratory distress during an attempt which was made to feed him through the PEG tube. His chest X-ray revealed a left lower lobe infiltrate and he was started on antibiotics which were appropriate for aspiration pneumonia. His CT angiogram was negative for pulmonary embolism, but it revealed a pneumopericardium [Table/Fig-1A]. His bedside transthoracic echocardiogram revealed

a moderate sized pericardial effusion with air bubbles, which was consistent with pneumopericardium [Table/Fig-1B]. In barium oesophagogram findings, an extravasation of contrast into the left main stem bronchus was seen, which was consistent with an oesophagobronchial fistula [Table/Fig-1C], which was secondary to stent eroding into the left main stem bronchus. He died on the fifth day of hospitalization while he was under comfort care.



[Table/Fig-1A]: CT scan of chest with contrast shows pneumopericardium as depicted by the red arrow

[Table/Fig-1B]: Transthoracic echocardiogram shows air bubbles (red arrow) in the pericardium

[Table/Fig-1C]: Esophagogram shows the stent in the esophagus (red arrow) and contrast leaking into the left main stem bronchus (green arrow)

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