Edema of Pancreas and Gallbladder Misread as Inflammation in Cardiac Tamponade

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A 52-year-old man was referred for acute aortic dissection and pericardial effusion by echocardiography. Blood pressure was 70 mm Hg and pulse rate was 108 beats per minute, and central venous pressure was 30 mm Hg despite the administration of inotropics. Computed tomography of the chest and abdomen revealed aortic dissection (DeBakey II, Stanford A) with hemopericardium and diffuse gallbladder edema, retroperitoneal edema, and peripancreatic edema (Fig 1A, arrows). Cholecystitis and pancreatitis were suspected although the laboratory findings were within normal limits. Emergent sternotomy and pericardiotomy for cardiac tamponade were performed, and central venous pressure dropped to 14 mm Hg. Hemiarch replacement with Bentall’s procedure for aortic dissection was subsequently completed. On postoperative day 1, the patient had no abdominal pain or tenderness, and amylase, lipase, and total bilirubin were within normal limits. Computed tomography of the chest and abdomen was followed up immediately after operation and showed normalized gallbladder, retroperitoneum, and pancreas (Fig 1B). Although some cases of periportal edema in cardiac tamponade have been reported [1, 2], selective edematous changes in gallbladder and pancreas could be misinterpreted as cholecystitis and pancreatitis in cardiac tamponade.

References