

CARDIOVASCULAR IMAGES

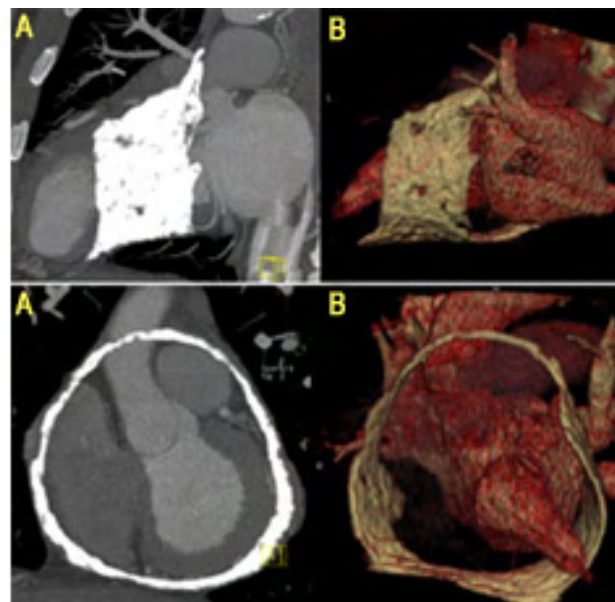
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Densely Calcified Pericardium in a Patient with Previous Tuberculosis

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Case Presentation

A 48 year-old Haitian male, living in the United States since age 20 with a history of hypertension, hyperlipidemia, smoking, and previously treated tuberculosis was brought to the Massachusetts General Hospital Emergency Ward with squeezing substernal chest pain, radiating to his neck and associated with dyspnea. He was stabilized and the next day, while undergoing a myocardial perfusion scan, developed an episode of ventricular tachycardia. After successful resuscitation he underwent cardiac catheterization, which revealed left main and left circumflex coronary artery disease. He was also noted to have pericardial calcifications.



Imaging

A 64-slice retrospectively ECG-gated contrast-enhanced cardiac CT was performed to further assess this finding, prior to proceeding with coronary artery bypass grafting. The imaging study revealed severe coronary artery disease, with a large amount of non-calcified plaque and a significant stenosis of the left main coronary artery. The pericardial contour was heavily calcified. Calcium was found predominantly around the right atrial free wall, diaphragmatic wall of both right and left ventricles, and lateral wall of the left ventricle. Calcium was more prominent at the base. The anterior pericardium was normal and thin with no evidence of calcium. Pericardial involvement by tuberculosis is usually secondary to retrograde spread from peribronchial, peritracheal or mediastinal lymph nodes, or hematogenous spread from the primary focus. Pericardiectomy should be avoided in these cases since it has been associated with poor surgical outcomes.

REFERENCES

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