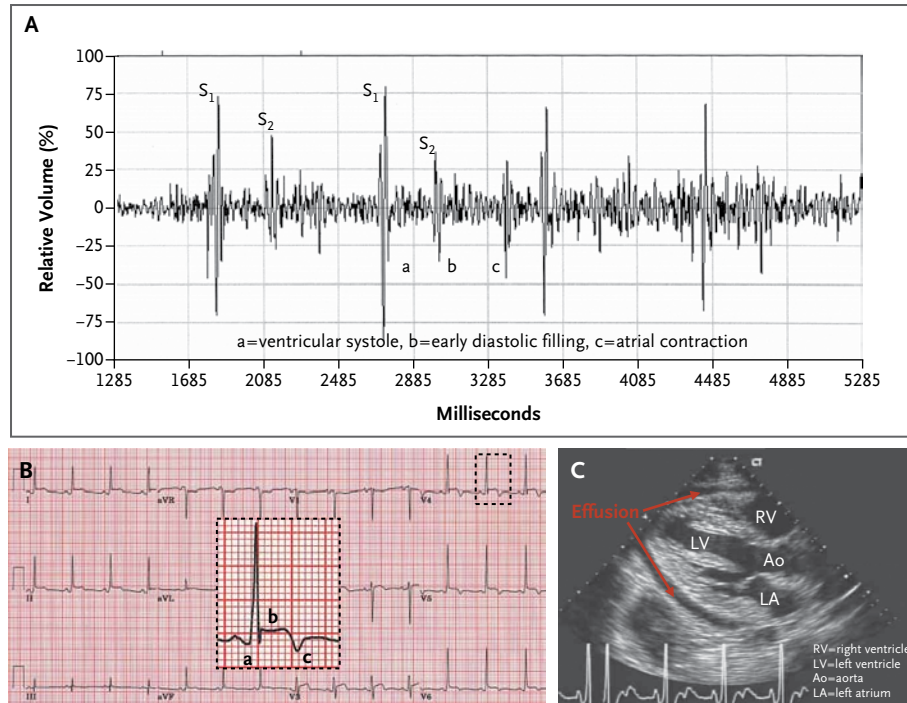


IMAGES IN CLINICAL MEDICINE

An Audible Case of Acute Pericarditis



Daniel W. Carlson, M.D.
John E. Atwood, M.D.

Walter Reed Army Medical Center
Washington, DC
daniel.w.carlson.mil@health.mil

A 33-YEAR-OLD SOLDIER PRESENTED WITH A 5-DAY HISTORY OF UNREMITTING substernal chest pain that radiated to his shoulders. The pain was worse when he was lying down and improved when he leaned forward. He reported having no dyspnea. He had no chest-wall tenderness and had not undergone any recent trauma. Laboratory analysis revealed an elevation in the white-cell count, erythrocyte sedimentation rate, and fibrin D-dimer level. In the emergency department, his cardiac-enzyme levels were found to be normal, as were results on computed tomography for pulmonary embolism. The next day, a three-component friction rub was heard during auscultation (Panel A and audio clip). An electrocardiogram showed PR-segment depression (Panel B, label a) with elevation in lead aVR, diffuse ST-segment elevation (Panel B, label b) with depression in lead aVR, and T-wave inversion in the precordial leads (Panel B, label c). A moderate-sized and hemodynamically insignificant pericardial effusion was seen on echocardiography (Panel C). No cause of the acute pericarditis was found. The patient's condition improved with the administration of ibuprofen and colchicine.

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