A recurrent cerebrospinal fluid pericardial effusion

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Received 14 April 2011; accepted 6 May 2011
Available online 29 September 2011

KEYWORDS
Pericardial effusion; Computed tomography scan; Cardiac surgery

MOTS CLÉS
Épanchement péricardique ; Tomodensitométrie ; Chirurgie cardiaque

A 65-year-old woman was referred to our cardiology unit because of tamponade due to important pericardial effusion, which was surgically evacuated. Neither virus serology nor pericardial biopsy found a specific aetiology. The pericardial effusion recurred a few weeks after surgery. In her medical history we noticed the implantation of a ventriculoatrial shunt 15 years earlier, before surgical ablation of a compressive benign pinealocytoma. A computed tomography scan of the chest showed a right atrial perforation by the distal part of the ventriculoatrial catheter (Fig. 1, arrows). After the ventriculoatrial shunt was replaced by a ventriculoperitoneal shunt, the distal portion of the protruding catheter was surgically removed and the atrial wall perforation repaired (Fig. 2, arrows). The patient made a full recovery without recurrence of the pericardial effusion. The possibility of such a late complication of a ventriculoatrial shunt deserves to be known and could give preference to a ventriculoperitoneal shunt.
Figure 1. Thoracic computed tomography (CT): right atrial perforation by the distal part of the ventriculoatrial catheter (arrows).

Figure 2. Surgical view of the right atrium showing the perforation by the distal part of the ventriculoatrial catheter.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.acvd.2011.05.009.