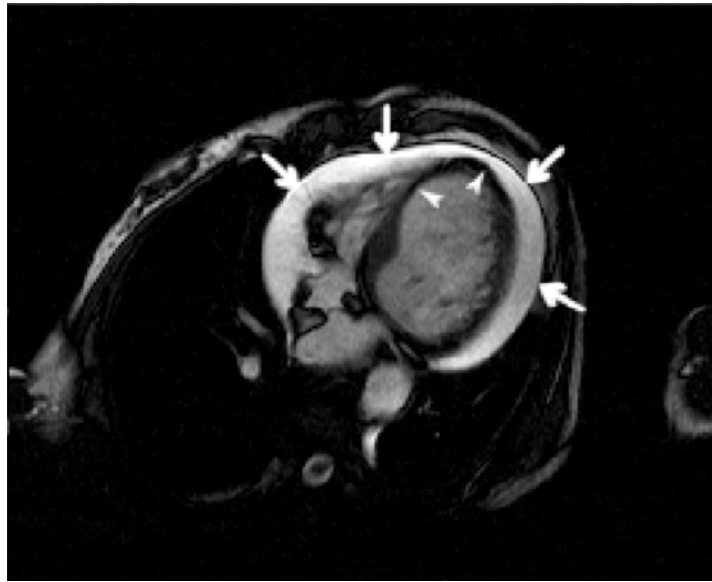


Cardiac Tamponade in Dressler's Syndrome



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A 57-YEAR-OLD WOMAN WAS REFERRED TO OUR CLINIC BECAUSE OF MA-laise, dyspnea, and pedal edema four weeks after an extensive myocardial in-farction. Physical examination revealed jugular venous distention and pulsus paradoxus but no pericardial friction rub. Cine magnetic resonance imaging showed massive pericardial effusion (arrows) and a swinging motion of the heart (video clip). Late diastolic inversion of the right atrium confirmed cardiac tamponade. Imaging also showed myocardial thinning and extensive dyskinesia in the infarcted area at the apex and inferoseptal wall (arrowheads). Signs of cardiac tamponade disappeared quickly during percutaneous draining of 600 ml of serohemorrhagic pericardial fluid.

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