Epicarditis with Late Postoperative Period
Pectus Excavatum

Masaya Yano, Yusuke Fukuda, Shin-ichiro Miura and Keijiro Saku

Key words: epicarditis, pectus excavatum, Nuss procedure

(Intern Med 52: 637-638, 2013)
(DOI: 10.2169/internalmedicine.52.9276)

A 22-year-old man with a funnel chest who underwent the Nuss procedure at 20 years of age due to pain was referred to our hospital with a complaint of chest pain and fever.

On the clinical exam, we auscultated a pericardial friction rub. Chest X-ray showed cardiomegaly and a pectus bar (Picture A). In addition, computed tomography revealed a massive pericardial effusion (Picture B). Some reports show the Nuss procedure to have the potential for the development of complications of endocarditis within the early postoperative period (1); however, a case of endocarditis developing at a later stage is rare. We were un-
able to find a cause of the pericardial effusion, except for the pectus bar, in this case. We managed the patient conservatively; however, the pericardial effusion did not decrease. Therefore, we decided to perform pectus bar removal. X-rays showed a significantly improved heart shape following pectus bar removal (Picture C). In addition, the pericardial effusion disappeared on echocardiography. The patient has not developed any relapse during an ambulant follow-up.

The authors state that they have no Conflict of Interest (COI).

Reference