Concurrent Pericardial Effusion and Erythema Nodosum: A Rare Presentation of Underlying Autoimmune Disease

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Clinical scenario
A 74-year-old Caucasian woman with a hypertensive emergency.
- TTE: large pericardial effusion (Figure 1)
- Pericardiocentesis: straw-colored fluid negative for malignancy.
- Tuberculosis (-)
- High CRP and ESR
- Increased glucose level
One month later, we found:
- Erythematous nodules on her right lower extremity.
- Elevated CRP and ESR suggesting an inflammatory process and a potential autoimmune disorder as the underlying cause.

Unique aspects of this case
- The uniqueness of this case lies in the rare combination of pericardial effusion and erythema nodosum.
- The absence of typical symptoms related to pericardial effusion highlights the importance of comprehensive diagnostic workup in patients with multiple comorbidities.

Conclusions
- The complexity of the diagnosis of a root cause for pericardial effusion, especially in an asymptomatic patient with many comorbidities.
- TTE showed that she had both cardiac tamponade and pericardial effusion at admission despite the lack of symptoms.
- The importance of a patient-centered approach strategy instead of symptom-approaching.
- It is essential to evaluate early for autoimmune, systemic disease so that the patient can have the appropriate treatment that targets their root causes as soon as possible.

References