

Epicardial Fat Mimicking Pericardial Effusion: A Patient with Gastrointestinal Bleeding

Ozcan Basaran*

Division of Cardiology, Mugla Sıtkı Kocman University Education and Research Hospital, Mugla, Turkey

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A 49-year-old male patient admitted to hospital with gastrointestinal bleeding. She had been diagnosed with epicardial fat in a previous study, and had been taking ibuprofen 800 mg daily for a month. She had haematemesis and melena. He denied drinking alcohol. On physical examination, tachycardia and diastolic murmur were heard. Laboratory findings were: hemoglobin 8.2 g/dL, hematocrit 25.8%, platelet count 8.2 $\times 10^9$ /mL, and a hemoglobin level of 8.2 g/dL and hematocrit of 25.8%. Platelet count was inhibited by aspirin and ibuprofen. He had gastrointestinal bleeding. Echocardiography (TTE) showed pericardial effusion.

pericardial fat mimicking pericardial effusion (Figure 1A-C). Chest X-ray showed no abnormalities (CT scan). TTE showed pericardial effusion. CT scan showed pericardial effusion (Figure 1D).

Epicardial fat mimicking pericardial effusion. While TTE is useful for detecting pericardial abnormalities, CT imaging can be helpful in some cases. Taking into account the clinical context (benign or malignant), echocardiography (TTE) like in this case, should be in mind CT imaging for differential diagnosis. It is important to be aware of gastrointestinal bleeding in the differential diagnosis of pericardial effusion. High resolution CT scan is helpful in diagnosing pericardial effusion.

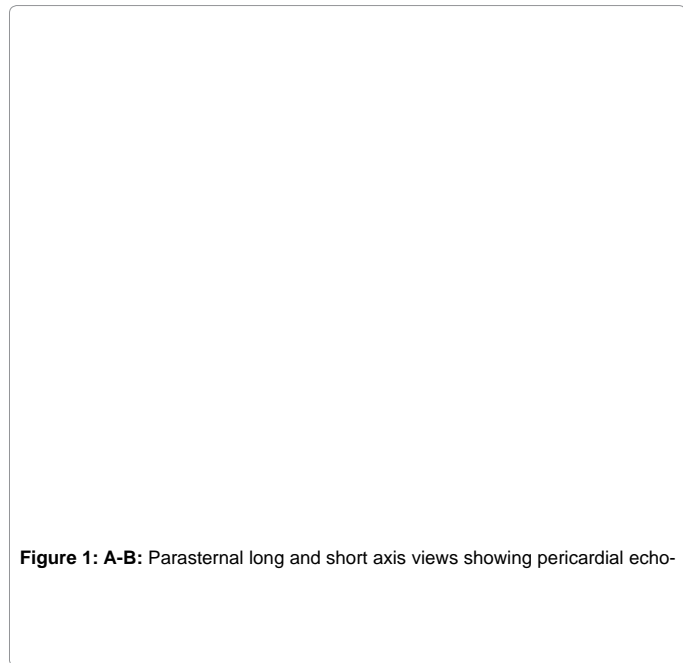


Figure 1: A-B: Parasternal long and short axis views showing pericardial effusion.

*Corresponding author: Ozcan Basaran, Division of Cardiology, Mugla Sıtkı Kocman, University Education and Research Hospital, Orhaniye Mahallesi Sımsık Caddesi, Mugla, Turkey, Tel: +905065359013; Fax: +9025221307 62; E-mail: basaran_ozcan@yahoo.com

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