

ABSTRACT

Diagnostic Challenge: A Pericardial Mass in Disguise

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Introduction: Pericardial mass is relatively rare and usually caused by malignancy; seldom by inflammatory or infectious diseases. Herein, we report a case of pericardial mass which eventually was treated as tuberculous pericarditis. **Case presentation:** A 53-year-old lady presented with chest pain, progressive dyspnoea, loss of appetite, and weight loss (8 kg) over the past 6 months. Physical examination and laboratory tests (including inflammatory and tumour markers) were unremarkable other than tachycardia and iron deficiency anaemia. Echocardiography showed a mass posterior to the aortic valve and the left atrium, with possible involvement of the pulmonary artery and extracardiac structures. Computerized tomography (CT) and cardiac magnetic resonance imaging (CMRI) further confirmed the presence of a significant mediastinal mass which is contiguous with the pericardial mass. Bronchoalveolar lavage noted no malignant cells or acid-fast bacilli. Open heart tissue biopsy showed multiple nodules on the pericardium, the largest was 2 × 2 cm. Histopathologic examination of the pericardial nodule revealed chronic granulomatous inflammation with central caseating necrosis. The patient was treated for tuberculous pericarditis and started on anti-tuberculosis therapy (ATT) and prednisolone. After 2 months of intensive phase treatment, the patient has clinically improved with a good appetite and weight increment. **Discussion:** Although rarely reported, tuberculous

pericarditis can present as a pericardial mass where the definitive diagnosis is challenging as the presenting symptoms are non-specific, requiring multiple blood investigations, advanced imaging, and invasive procedure.

Conclusion: Empirical treatment for tuberculosis may be initiated when clinical suspicion of tuberculous pericarditis is high as the clinical response to ATT may serve as support for the diagnosis.