



*Staphylococcus aureus* (MRSA)) is not a significant problem. The oral administration of vancomycin subjects enteric flora to strong selective pressure. Therefore, although vancomycin is valuable for the treatment of *Clostridium difficile*-associated disease, metronidazole should be the preferred therapeutic choice whenever possible.

**A J Brink**  
**J van den Ende**

*Drs Du Buisson, Bruinette, Kramer and Partners*  
*Johannesburg*

**R J Routier**  
**L Devenish**

*Olivedale Hospital*  
*Johannesburg*

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## EWART'S SIGN IN TUBERCULOUS PERICARDITIS

**To the Editor:** In 1896 Ewart,<sup>1</sup> and before him Pins,<sup>2</sup> called attention to the presence of an area of variable size, with dullness, in the region of the inferior angle of the left, and rarely right, scapula associated with a corresponding area of bronchial breathing, increased vocal fremitus and aegophony in pericardial effusions. Ewart's sign has also been described in patients with enlargement of the left ventricle.<sup>3</sup>

This sign has been attributed to partial collapse of pulmonary tissue and pressure on a bronchus by the posteriorly displaced pulmonary veins, inferior vena cava, pulmonary artery, and aorta.<sup>3</sup>

Little is known about the diagnostic accuracy of this sign and its presence in patients with tuberculous (TB) pericarditis. Rooney<sup>4</sup> reported Ewart's sign in 1 patient among 34 (3%) with TB pericarditis.

In this study we assessed the presence of Ewart's sign in 88 patients with TB pericarditis and determined the amounts of effusion in the group with and without Ewart's sign.

All patients referred to our department with echocardiographically confirmed large pericardial effusions

with an epipericardial distance of more than 10 mm underwent a thorough clinical assessment followed by pericardiocentesis and drainage using an indwelling pigtail catheter. The amount of drained effusion was measured, and fluid was sent for diagnostic assessment.

Of the 157 patients assessed, 88 were diagnosed with TB pericarditis. The left ventricular dimensions were normal in all patients. In 7 patients (8%) Ewart's sign was present, and a mean of 1 021 ml was drained (range 500 - 1 500 ml). In the 81 patients (92%) without Ewart's sign, a mean of 792 ml was drained (range 150 - 2 500 ml).

We conclude that on average the presence of Ewart's sign in patients with pericarditis correlated with significantly larger effusions compared with patients without Ewart's sign. However, there was significant overlap in effusion size between the two groups. The absence of Ewart's sign does not exclude the presence of a large pericardial effusion.

**J P Smedema**  
**I Katjita**  
**H Reuter**  
**A F Doubell**

*Cardiac Unit*  
*Department of Internal Medicine*  
*Tygerberg Hospital, W Cape*

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