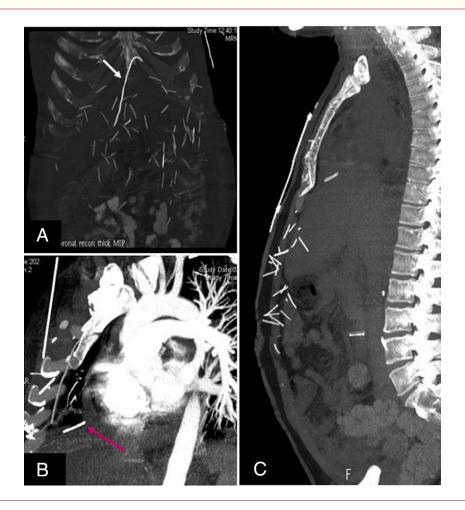
An Unusual Case of Pericardial Effusion in a Diabetic Patient

Ian Webb, BM, BCH,* Imad Nadra, MB, CHB,* Mohamad Faris, MBBS,† James Roxburgh, MBBS,* Simon Redwood, MBBS*

London, United Kingdom



From the Departments of *Cardiothoracic Sciences and †Radiology, Guy's and St. Thomas' National Health Service Foundation Trust, London, United Kingdom. Manuscript received August 17, 2009, accepted August 27, 2009. 49-year-old man presented acutely in low-output shock related to a large pericardial effusion. His past medical history was notable for longstanding depression and type II diabetes mellitus. Emergency pericardiocentesis was performed with the removal of 700 ml of heavy bloodstained fluid and an immediate improvement in his hemodynamic status. Computed tomography of the chest and abdomen was subsequently carried out to exclude underlying malignancy. This demonstrated multiple foreign objects within the chest and abdominal wall, not evident on his admission chest radiograph or from clinical examination (**A**; white arrow denotes the pericardial drain). Several of these appeared to penetrate the pericardium (**B**, red arrow), liver, and small bowel (**C**). On closer questioning, the patient admitted to a long history of deliberate self-harm, including insertion of diabetic lancet needles deep beneath his skin approximately 10 months before this admission. He underwent urgent surgery, in view of these penetrating injuries, for removal of the needles and has since made a good postoperative recovery.