



Fig. 1.



Fig. 2.

## Pneumopericardium complicating bronchogenic carcinoma

We report the case of a 56-year-old man hospitalized in our hospital with a 48-h clinical picture of pain in the neck and right shoulder. The patient had been diagnosed a month before admission as poorly differentiated epidermoid lung carcinoma, stage IV, and was awaiting palliative chemotherapy. During the study of his pulmonary carcinoma, hepatic and pelvic osseous metastases were detected. The findings of physical examination included cardiac auscultation of a characteristic «bubbling water» systodiastolic murmur and hepatomegaly of 2 cm. The ECG revealed diffuse negative T waves. In the posteroanterior chest radiograph (Figure 1), a large pneumopericardium and parahilar mass in the upper lobe of the left lung were visible. A thoracic CAT confirmed the presence of severe pneumopericardium produced by a bronchopercardial fistula (arrow) (Figure 2) secondary to the bronchogenic carcinoma. A transthoracic echocardiogram disclosed minimal

pericardial effusion without echocardiographic signs of tamponade. Palliative cytostatic treatment with a combination of 6180 mg gemcitabine and 52 mg vinorelbine in a single dose was given intravenously without complications. The patient did not present clinical manifestations of cardiac tamponade, so conservative treatment was decided on. The pneumopericardium was reabsorbed partially without incident within a few days, and the clinical picture of pain in the neck and right shoulder improved with analgesic treatment. Nevertheless, 4 weeks after hospital discharge the patient died of massive hemoptysis.

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