

A retrosternal hematoma presenting as cardiac tamponade after a penetrating chest injury

Penetran göğüs travması sonrasında kardiyak tamponad ile seyreden retrosternal hematoma

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A 49-year-old man was admitted to our hospital because of an anterior chest wall stab wound. He was conscious but had dyspnea and orthopnea, and his blood pressure was 70/40 mmHg with a pulse rate of 125/minute. The wound was at the right edge of the sternum and sixth intercostal space. Echocardiography was performed, and there were no significant findings in the intrapericardial space. After that, the patient underwent computed tomography (CT) to evaluate the mediastinal and thoracic structures, and the presence of a retrosternal hematoma with cardiac compression was revealed by computed tomographic angiography (Figures 1 and 2). The patient then was immediately taken to the operating room where the hematoma was removed via a median sternotomy and the bleeding from left internal mammary artery was stopped.

The pericardium was intact, so it was opened with a small incision to view the intrapericardial space. The pericardial cavity was clean, and the incision was then sutured completely. On the postoperative fourth day, the patient was discharged uneventfully.

Extrapericardial hematomas can cause cardiac tamponade^[1-3] and CT is able to clearly show the compression of the heart.^[3] When echocardiographic involvement cannot be satisfactorily diagnosed,



Figure 1. The horizontal axis view demonstrates the huge retrosternal hematoma pressing on the heart.



Figure 2. A sagittal axis view of the retrosternal hematoma.



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CT can be utilized in patients who are hemodynamically stable.^[4]

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