

# WORLD HEART CONGRESS

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## Tuberculous pericarditis: An uncommon STEMI complication

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**Introduction:** Effusions in myocardial infarction are associated with a higher morbidity and mortality rate. Tuberculosis is a global health priority. In Morocco, we found a total of almost 25,000 new tuberculosis cases all forms every year, with extrapulmonary forms rate of 47.8%. We present an exceptional case of a tuberculous pericarditis effusion in the acute post myocardial infarction.

**Case report:** A 77 year old male presented with acute extended anterior myocardial infarction. Emergency coronary angiography showed mid vessel occlusion of the Left anterior descending artery (LAD), a stent was deployed with a successful result. The transthoracic echocardiography and chest x ray control showed both circumferential pericardial effusion and pleural effusion not explained by the ischemic cardiopathy. An etiologic workup included laboratory tests which revealed a positive QuantiFERON-TB Gold In-Tube (QFT) assay (6,92UI/mL), negative HIV, HBV, HCV and syphilis serology, a lymphocytic pleural exudate with elevated adenosine deaminase levels. He was managed as tuberculous pericarditis with anti tuberculosis effective quadruple therapy. The evolution is then quickly favorable.

**Conclusions—** African countries are considered to have a high tuberculous incidence rate, It is important to think about tuberculosis origin whenever we have an unexplained pericardial effusion.

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