

Recurrent pericardial effusion in colorectal cancer: a case report

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Introduction: Colorectal cancer typically spreads via the hematogenous route but rarely metastasizes to the pericardium. In unstable patients, the standard of care for pericardial effusion is pericardiocentesis, which helps relieve symptoms and aids in diagnostic evaluation.

Case report: 72-year-old patient with metastatic rectal cancer undergoing second-line therapy presented with chest pain and bronchospasm during oxaliplatin infusion. The infusion was immediately stopped, and the patient was stabilized. Coronary angiography showed no abnormalities. CT scans identified pericardial effusion, which was later confirmed by echocardiography, without hemodynamic compromise. Due to the life-threatening reaction, oxaliplatin was contraindicated, and third-line treatment with trifluridine-tipiracil was initiated. Soon after, the patient was admitted to a local hospital with signs of cardiac tamponade. An urgent pericardiocentesis was performed, draining 800 ml of pericardial fluid containing malignant adenocarcinoma cells. Post-discharge, during a routine oncology check-up, a recurrence of pericardial effusion was suspected, along with signs of cardiac tamponade. The patient was urgently readmitted to the Intensive Cardiac Care Unit. Bilateral pleural effusions were also noted, and a pleuropericardial drainage procedure was performed, removing a total of 4500 ml of hemorrhagic fluid, which contained malignant cells. Following discharge, anticancer treatment was resumed. However, the patient soon returned to the Emergency Department with worsening dyspnea and new-onset hemiplegia. Recurrent pleuropericardial effusion was identified, and a brain CT scan revealed newly diagnosed brain metastases. Due to the patient's overall health condition, further active anticancer treatment was contraindicated.

Conclusion: Timely detection and intervention for pericardial effusion are essential to ensure uninterrupted anticancer therapy and improve the quality of life for cancer patients.¹

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LITERATURE

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