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# UNUSUAL MANIFESTATION OF PERSISTENT PLEURAL AND PERICARDIAL EFFUSION: A CASE REPORT

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## INTRODUCTION:

Pleural effusion is abnormal fluid accumulation in pleural space. Pericardial effusion is abnormal fluid accumulation in pericard space, it is classified in mild effusion (< 10 mm), moderate effusion (10-20 mm), severe effusion (> 20 mm). Persistent effusion is intermittent accumulation of effusion in sub space.

## CASE REPORT:

A man, 32 yo. Came to emergency room with dyspnea since 3 days ago. Patient with history of pleuritis exudativa tuberculosis since 1 month ago, and taking intensive phase of tuberculosis drug every day in the morning. Sensorium composmentis, Blood pressure 90/60 mmHg. HR 120 x/m. RR 30 x/m. Temperature afebris. Muffling heart sound. Echocardiography: moderate pericardial effusion. We do pericardiocynthesis and left thoracosynthesis, the fluid was serous xantochrome. As long as our treatment around 3 weeks, the patient repeat pericard effusion and we do 4 times pericardiocynthesis. Cytology was chronic granulomatous, Gen-Xpert of pericard and pleural fluid not detected mycobacterium tuberculosis, Pericard and pleural fluid culture: Mycobacterium tuberculosis. We continue the Fixed Dose Combination tuberculosis therapy. Add metilprednisolon 3dd8 mg and titrate the dose every 2 weeks.

## DISCUSSION:

In this case, even though the patient got Fixed Dose Combination therapy for 1 month, the fluid persist in pericard and pleural space, and it manifest like cardiac tamponade. Its a dilemma because basically after > 2 weeks druf therapy the Mycobacterium Tuberculosis should be eliminate. We think another immunocompromised condition but null. We think bacteria resistent but null. We use adjuvant therapy for persistent effusion that caused by Mycobacterium tuberculosis that proved by culture.

## CONCLUSION:

Additional therapy for persistent effusion in pericard and pleura should be given to reduce effusion that can cause cardiac tamponade if misdiagnosed. Additional corticosteroid should be preferred.