

Immediate Postoperative Results in the Surgical Treatment of Neoplastic Pericarditis – 76 Consecutive Cases

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Abstract

Introduction: Pericardial effusion, accumulation of fluid in the pericardial sac, may develop in any type of cancer. It was revealed in up to 20% of oncological patients.

Method: We made a retrospective study of patients with pericardial efusion presented in our clinic between 2010 and 2015. We included 76 consecutive patients with indication for pericardial drainage - we performed on them 80 surgical procedures: pericardocentesis, subxiphoid pericardial window, left paraxifoidian pericardial window, intercostal video-assisted thoracic surgery (VATS) pericardial fenestration, and classical thoracic surgery (fenestration or partial pericardiectomy). We had patients with ages between 28 and 83 years. 23 patients were admitted with cardiac tamponade.

Results: The immediate postoperative survival is 97.3 % and the 30-days-postoperative survival is 81.5 %. The immediate postoperative mortality is 2.7% and the 30-days-postoperative mortality is 8.5%.

Conclusions: The immediate prognosis of the patient with malignant pericardial effusion is influenced by the risk of postoperative Low-Cardiac-Output-Syndrome (LCOS), or pericardial decompression syndrome (PDS), which remains the main cause of mortality. The long-term prognosis is related to the type of malignant tumor. The most effective tehniqe with the lowest rate of recurrence is pericardo-pleural window done thoracoscopically/ by VATS; pericardocentesis has the highest rate of recurrence – 90% and is associated with high rates of cardiac complications and mortality.

Key words: pericardial effusion, neoplastic pericarditis, cardiac tamponade, video-assisted thoracic surgery (VATS) pericardial fenestration, subxiphoidian pericardial fenestration, paraxiphoidian pericardial fenestration