

INCIDENTAL PERICARDIAL PIN IN AN 85-YEAR-OLD PATIENT WITH ACUTE CHOLECYSTITIS: A CASE REPORT

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Introduction:

Acute cholecystitis is a common cause of presentation to the Emergency Department, characterized by right upper quadrant pain, fever, and nausea.

Rarely, imaging studies may reveal incidental foreign bodies in unusual locations, such as the pericardium, which can pose a potential risk to cardiac function.

Objective:

This case report aims to describe the incidental finding of a pericardial foreign body, likely a pin, in an 85-year-old patient presenting with acute cholecystitis, to evaluate the clinical and imaging findings, and to highlight the importance of comprehensive imaging assessment in elderly patients with acute abdominal conditions.

Materials & Methods:

An 85-year-old patient presented to the Emergency Department with classic symptoms of acute cholecystitis.

Diagnosis was confirmed by abdominal ultrasound and CT scan. During evaluation, a foreign body was incidentally identified within the pericardium. The patient underwent complete laboratory and cardiological assessment and was monitored with imaging for possible pericardial effusion or signs of pericarditis.

Results:

The patient remained hemodynamically stable, without cardiovascular symptoms. The foreign body was unrelated to the acute cholecystitis, and no signs of pericardial effusion or inflammation were observed. Management of acute cholecystitis was performed according to standard protocols. Cardiac surgeon consultation recommended conservative management of the pericardial foreign body, with ongoing monitoring.

Conclusions:

This case emphasizes the importance of thorough imaging assessment in elderly patients presenting with acute cholecystitis, as it may reveal incidental findings of potential clinical significance. Pericardial foreign bodies are rare but important findings that require individualized evaluation and follow-up to prevent possible complications.

