Pericardial Tamponade
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Acute decompensation
May have chronic findings
Dyspnea
Pleuritic chest pain

Exaggerated pulsus paradoxus
Hypotension/Tachycardia
Increased JVP w/ Inspiration
?Heart tones?
Tamponade

Electrical Alternans
Pulsus Paradoxicus
Pulsus Paradoxicus
Case 6

- 55 y/o alcoholic with severe left sided chest pain and recent forceful, non-bloody vomiting.
- VS: 136/78, HR 120, RR 18, SaO2 96%, T 98
Esophageal Rupture
**Boerhaave’s**

**FIGURE 2:** Contrast within the esophagus and stomach and leaking into the left side of the chest as seen on esophagography.
Boerhaave’s Syndrome

Sudden onset
Severe retrosternal chest pain
Follows forceful retching
May worsen over days
Fever
Subcutaneous emphysema
52 y/o male with sharp, pleuritic chest pain. Recent h/o viral URI. Now with worsening pain, DOE and fever.

VS: BP 124/92, HR 104, RR 18, SaO2 97%, T 100.6

PE: Alert, BS CTA. Subtle friction rub. Pain worse with supine position, relieved with sitting upright.
Case 7
Pericarditis

Acute to chronic
Retrosternal chest pain
Sharp, pleuritic
Relieved by sitting
Worsened by lying down
H/O recent upper respiratory illness
+/- friction rub
STEMI imitator