

ANSWER TO PHOTO QUIZ (ON PAGE 232)

INCREASED CENTRAL VENOUS PRESSURE IN A PATIENT WITH PRURITIC SKIN LESIONS

Laboratory analysis showed eosinophilia ($1.16 \times 10^9/l$) with an increased plasma IgE concentration (3450 U/ml). The skin lesions on both legs, macroscopically resembling Wells' syndrome,¹ showed neutrophilic and eosinophilic infiltration on biopsy, compatible with an eosinophilic folliculitis. These findings (and others, see below) confirm the diagnosis hyper eosinophilic syndrome. The chest x-ray showed right-sided pleural fluid with a normal heart size and no pericardial calcifications. Analysis of the pleural fluid showed a low albumin concentration and lactate dehydrogenase activity, with $0.7 \times 10^9/l$ leucocytes and 29% eosinophils. The ECG had microvoltages and T-top inversion on leads II, III, aVF and V₄-V₆.

The finding of increased CVP, narrow pulse pressure and pulsus paradoxus indicate an impeded filling of the heart. Although these features are occasionally encountered in emphysema and pulmonary embolism, the presentation in this case suggests one of the three following diagnoses:

- Relapse of effusive pericarditis (eventually with tamponade);
- Restrictive cardiomyopathy due to eosinophilic infiltration and/or myocardial fibrosis;^{2,3}
- Constrictive pericarditis.^{3,4}

Sonographic evaluation of the heart revealed only minute amounts of pericardial effusion with normal myocardial contractility. In the myocardial muscle biopsy, eosinophilic infiltrates and endomyocardial fibrosis were absent. The pressure curve of the right ventricle had the form of a 'square-root' characteristic of pericardial constriction, further supported by the thickened pericardium on the CT scan (figure 3).

DIAGNOSIS

Constrictive pericarditis in hypereosinophilic syndrome initially presenting with effusive pericarditis.⁵

REFERENCES

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3. Lui CY, Makoui C. Severe constrictive pericarditis as an unsuspected cause of death in a patient with idiopathic hypereosinophilic syndrome and restrictive cardiomyopathy. *Clin Cardiol* 1988;11:502-4.
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Figure 3
CT scan of the chest with right-sided pleural fluid (P.F.) and thick pericardium (arrows)