**RECURRENT PERICARDIAL EFFUSION IN A HEART TRANSPLANT RECIPIENT MANAGED WITH A PLEURX CATHETER**

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*Background*: Pericardial effusions are present in up to 20% of patients after heart transplantation (HT), but they usually resolve within 3 months post-transplant. Recurrence has been reported and can be due to multiple etiologies including cellular rejection, pericarditis and perforation during endomyocardial biopsy. The management of recurrent pericardial effusion is challenging due to the limited therapeutic options.

Case: A 51-year-old woman with a history of dilated cardiomyopathy due to doxorubicin treatment for breast adenocarcinoma underwent HT. She was noted to have a moderate pericardial effusion by echocardiogram (echo) 24 days post-HT. She then presented with shortness of breath and elevated jugular venous pressure and lower extremity edema. Echo showed a large pericardial effusion consistent with tamponade. She was taken for emergent pericardiocentesis. She had continued pericardial fluid accumulation so was taken for a subxiphoid window 5 days later. Pericardial fluid analysis showed transudative fluid without evidence of infection or abnormal cells. She was given corticosteroids and colchicine. Despite these interventions a follow-up echo showed a large pericardial effusion with tamponade so she underwent pericardiocentesis and a limited thoracotomy with pericardial window on post-HT day 96. The next follow-up echo on post-HT day 106 showed a large pericardial effusion with tamponade. Given the refractoriness to conventional medical and interventional procedures, the interventional cardiology team along with the cardiac surgery team decided to place a PleurX catheter in the pericardial space. Pericardial fluid was drained via the PleurX on a daily basis until the output dropped to zero. A repeat echo showed no pericardial effusion so the PleurX was removed 37 days after insertion. Follow-up echos have showed no further reaccumulation.

*Conclusion*: This case demonstrates the successful use of a pericardially placed PleurX catheter for prolonged drainage in a patient with a recurrent transudative pericardial effusion after heart transplant.