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Undiagnosed Chilaiditi Syndrome Presenting with Pericarditis in a Patient with Congenital Anomalies

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A 19-year-old male patient presented to the emergency room with dyspnoea and severe retrosternal chest pain. The patient's medical history is significant for cerebral palsy with spastic tetraplegia. He layed in a semirecumbent position as pain was severe on lying down. The pain radiated to the back, neck and shoulder. Pain was associated with gastro-oesophageal reflux disease and dysuria. On examination, he was breathless and lungs were clear to auscultation. On auscultating over the heart, pericardial rub was heard. Abdomen was tender on palpation and he did not defecate for 2 days. He had a history of recurrent pneumonia that needed frequent hospital admissions and currently receiving treatment as the last episode was 1 month ago. ECG showed widespread concave ST elevation and PR depression with reverse changes in a VR of ST depression and PR elevation with sinus tachycardia suggesting early stage of pericarditis. While examining the X-ray, the most remarkable finding was the presence of large intestine loops between the liver and diaphragm, which was previously undiagnosed. The chest X-ray finding in this case is in line with what is called 'Chilaiditi sign'. Chilaiditi syndrome is the anterior disposition of the colon near the anterior hemidiaphragm, which is associated with pain and is an extremely rare condition. A diagnostic feature of Chilaiditi syndrome is the presence of Chilaiditi sign as seen in the case, which occurs in only 0.1% of all X-rays taken

Biography:

Dr. Mir Inzamam Ali is a final year medical student with multiple publications on PubMed and poster presentations internationally.