

Cardiac tamponade after a systemic-pulmonary shunt complicated by serous leakage.

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Abstract:

A newborn baby with complex congenital heart disease had severe persistent pericardial effusion after a systemic-pulmonary shunt. Pericardiocentesis and pericardiotomy could not stop pericardial leakage. At reoperation, topical application of a fibrin glue resulted in resolution of the leak and avoided replacement of the graft.