**UNILATERAL PLEURAL EFFUSION: AN UNUSUAL PRESENTATION OF DRESSLER’S SYNDROME SECONDARY TO PCI**

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**Background:** Dressler syndrome along with post-pericardiotomy syndrome and post-traumatic pericarditis are grouped under 'post-cardiac injury syndrome'. Injury to mesothelial pericardial cells triggers an immune response causing immune complex deposition and inflammatory response in pericardium. Surprisingly this injury can be provoked by percutaneous intervention (PCI) as well. It has a very low incidence of 0.1% (in 2-10 weeks after MI). We report such a case of post-STEMI PCI who presented with unilateral pleural effusion diagnosed as Dressler's Syndrome.

**Case Description:** 74-year-old female with past medical history of hypertension, hyperlipidemia and diabetes mellitus presented with epigastric pain, nausea, vomiting since 3 days. EKG showed ST elevation in inferior leads with reciprocal changes in lateral leads. Angiography revealed 80-90% stenosis in mid LAD and 90% stenosis in dominant RCA. Successful balloon angioplasty and stent to RCA was done. Chest x-ray at that time was normal. Patient was discharged home with dual antiplatelet therapy, statins and beta-blockers. She got readmitted 16 days later for pleuritic chest pain and dyspnea with fever, malaise and leukocytosis. EKG re-demonstrated persistent ST elevation in inferior leads however troponin remained negative. Chest x-ray revealed a large left sided pleural effusion which was initially attributed to congestive heart failure. However, Echo showed an EF of 50% with a small pericardial effusion. For relief of dyspnea the patient underwent therapeutic thoracocentesis and 1L pleural fluid was drained. The fluid met Light's criteria for an exudate as suggested by protein >0.5 (0.63) with predominant lymphocytes. Prednisone was started and a remarkable improvement was observed.

**Conclusion:**  Dressler's syndrome is a rare but important differential in a patient with unilateral pleural effusion. Further, such effusions could be easily misdiagnosed as arising due to CHF exacerbation and pleural fluid analysis can help establish a diagnosis. Although it is commonly reported after pericardiotomy, it is important to remember that minor injury following PCI can trigger off the inflammatory process.