**A CASE OF TUBERCULOUS PERICARDITIS MIMICKING LUPUS CARDITIS**

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A 48-year-old male with no previous medical history presented with one-week history of fever and chills. Review of symptoms was unrevealing apart from a rash noted in his cheeks. The patient, a Dominican Republic native, immigrated to the US ten years ago, had not travelled recently, was not taking medications and denied any sick contacts or toxic habits. On presentation, he was febrile to 103.2 F. His exam was remarkable for an erythematous rash covering his cheeks and the bridge of nose. Heart sounds were distant but there was no jugular venous distention or pericardial rub. His laboratory workup was unremarkable. Chest x-ray showed marked cardiomegaly. An echocardiogram revealed a circumferential pericardial effusion with tamponade physiology. He underwent a pericardiocentesis with drainage of 1500ml of serosanginous fluid. Cultures of pericardial fluid, including acid-fast smear, were negative. HIV and hepatitis C serologies were negative and Quantiferon® assay was negative for M. tuberculosis. Anti-nuclear antibody (ANA) was positive at a 1:640 titer with a speckled pattern. Nevertheless, patient met only three out of the eleven diagnostic criteria for systemic lupus erythematosus. He underwent a pericardial biopsy, which revealed a fibrinous pericardium with caseating granulomas. Acid fast bacilli were cultured from the biopsy specimen. Patient was started on four drug therapy and steroids for tuberculous pericarditis. Mycobacterium Tuberculosis is a common cause of pericarditis in the developing world yet, accounts for only 2-4% of pericarditis cases in industrialized countries. Its diagnosis can be challenging: Diagnostic tests can be falsely negative as the infection is contained to the pericardium. This case illustrates the difficulty in diagnosing TB pericarditis and the importance of maintaining a broad deferential. TB pericarditis should be strongly considered in any patient with risk factors for TB exposure who have a non-self-limited course of pericarditis.