

Empirical management of tuberculous pericarditis: An insightful case report on the resolution of pericardial effusion in a diabetic murut elderly

Chan Wah Loong, Syahniseah Abd. Razak, Jackie Lim, Natalie Phoon Carmen

Jabatan Perubatan, Hospital Keningau

ABSTRACT

Introduction: Tuberculous pericarditis (TBP) presents diagnostic and therapeutic challenges, especially in endemic regions such as Sabah, Malaysia. This case report explores the empirical management of TBP, highlighting the pivotal role of early intervention in the resolution of pericardial effusion in an elderly diabetic Murut patient. **Case Description:** A 71-year-old Murut woman with uncontrolled diabetes mellitus (HbA1c: 14.6%), hypertension, and dyslipidemia presented with persistent epigastric pain, orthopnea, and paroxysmal nocturnal dyspnea. Echocardiography revealed significant pericardial effusion of 40mm. The presence of high levels of adenosine deaminase (ADA) at 47.94 U/L and an abnormal increase in lymphocytes in the pericardial fluid resulted in the administration of empirical antituberculosis therapy for a duration of 6 months. The empirical treatment led to a significant clinical improvement and complete resolution of the pericardial effusion. **Discussion:** The successful resolution of pericardial effusion in this diabetic patient underscores the significance of a high index of suspicion for TBP in endemic regions. Elevated ADA levels were crucial for the empirical management decision, demonstrating the importance of integrating clinical judgment with diagnostic indicators. This case highlights the efficacy of antituberculosis therapy in the absence of microbiological confirmation and the necessity of a multidisciplinary approach in the management of TBP.