CLINICAL SNAPSHOT

Heart in the Wrong Place: Cardiac Herniation after Pulmonectomy

A 53-year-old man with bronchial carcinoma underwent a right-sided intrapericardial pneumonectomy. Two hours later, while being transferred onto an x-ray table, he suddenly went into asystole. Upon return of the spontaneous circulation, he was in severe shock (systolic blood pressure 50 mmHg), and examination revealed evidence of an upper inflow obstruction. The chest x-ray revealed an unusual opacification in the right hemithorax and increased transparency in the left hemithorax at the typical site of the heart (*Figure a*). Echocardiography failed to detect the heart in its usual position. An emergency re-thoracotomy was performed in the intensive care unit, and the diagnosis of herniation (synonym: luxation) of the heart into the right hemithorax was confirmed. Physical repositioning of the heart led to immediate hemodynamic stabilization. To prevent repeated herniation, the patient was taken to the operating room, and a Gore-Tex patch was sewn in as a partial replacement for the pericardium. Postoperative imaging showed the heart in its usual position once again (*Figure b*). The patient was extubated two days later and was transferred after a further six days from the intensive care unit to the ward, with no residual deficits.

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