

Intrapleural Hematoma after Congenital Heart Surgery in A 2-Month Old Infant

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1. Case Discussion

A two-month old male with failure to thrive and a history of a subarterial ventricular septal defect (VSD) and a secundum atrial septal defect (ASD) presented to our institution for surgical repair. His operative course was preceded by intubation for acute respiratory failure secondary to acute on chronic heart failure and multi-organism bacterial pneumonia, which was adequately treated by the time of surgery. The intraoperative course was unremarkable. The VSD was repaired with a bovine pericardial patch and the ASD was repaired primarily. The post-operative course was significant for supraventricular tachycardia requiring maintenance digoxin and propranolol and a right sided pneumothorax that requiring placement of a pigtail catheter on post-operative day (POD) 2. The patient was extubated on POD 3 to high flow nasal cannula support. On POD 6, the right pigtail catheter was removed and a follow up chest radiograph revealed a right sided ovoid lesion of unknown etiology (**Figure 1, a-b**). This lesion remained consistent on subsequent chest radiographs from POD 7 - 9 (**Figure 1, c-e**). During this time, the patient demonstrated no signs or symptoms of infection. A computed tomography scan of the chest on POD 10 (**Figure 2**) revealed the lesion to be an intrapleural hematoma at the same level of the prior right sided pleural catheter based on prior chest radiographs. The patient was discharged home on POD 13 on room air and full enteral feedings. This lesion remained present on a follow-up chest radiograph on POD 20 (**Figure 1, f**).

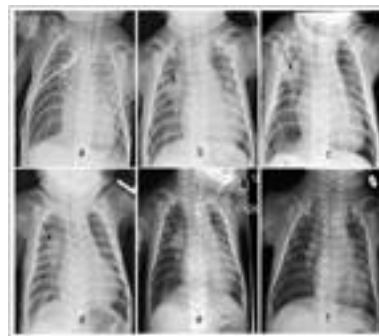


Figure 1: Post-operative chest radiographs demonstrating a persistent right sided ovoid lesion found to be an intrapleural hematoma (black arrows).



Figure 2: Computed tomography scan of chest revealing an ovoid density along the minor fissure (asterisk) with tiny bubble of pleural air (black arrow) consistent with an intrapleural hematoma.

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