

Epicardial Fat Necrosis in a Young Female: A Case Report

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Abstract : Presenting a case that we would like to share, the answer is straight forward but the path taken to get to the diagnosis is where it gets interesting. A 31-year-old lady presented to the Rheumatology Outpatient department with left-sided chest pain associated with left-sided elbow joint pain intensifying over the last 2 days. She had been having a prolonged history of chest pain with minimal intensity since 2016. The pain is intermittent in nature. Aggravated while exerting, lifting heavy weights and lying down. Relieved while sitting. Her physical examination and laboratory tests were within normal limits. An electrocardiogram (ECG) showed normal sinus rhythm and a chest X-ray with no significant abnormality was noted. The primary suspicion was recurrent costochondritis. Cardiac blood inflammatory markers and Echo were normal, ruling out ACS. CT chest and MRI Thorax contrast showed small ill-defined STIR hyperintensity with thin peripheral enhancement in the anterior mediastinum in the left side posterior to the 5th costal cartilage and anterior to the pericardium suggestive of changes in the fat-focal panniculitis. Confirming the diagnosis as Epicardial fat necrosis. She was started on Colchicine and Nonsteroidal anti-inflammatory drugs for 2-3 weeks, following which a repeat CT showed resolution of the lesion and improvement in her. It is often under-recognized or misdiagnosed. CT scan was collectively used to establish the diagnosis. Making the correct diagnosis prospectively alleviates unnecessary testing in favor of conservative management.

Keywords : EFN, panniculitis, unknown etiology, recurrent chest pain

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