



Figure 1 Example ECGs of patients with fulminant myocarditis showing (A) high-degree atrioventricular block, (B) diffuse ST-T change and (C) wide QRS tachycardia.

The choice of mechanical circulatory support devices for paediatric patients is limited. The arrhythmia and small femoral artery would preclude proper use of an intra-aortic balloon pump for paediatric patients. ECMO and ventricular assist device were used for paediatric patients with FM as described by Duncan *et al.*² Because FM tends to recover

within two weeks, ECMO may be a more appropriate option for this relatively short duration. Furthermore, ECMO can be set up even for patients who are being resuscitated. We therefore suggest that ECMO be regarded as the first-line mechanical circulatory support for paediatric patients with FM.

Paediatric FM requiring ECMO support was characterised by preceding non-specific extracardiac symptoms and rapid onset of heart failure associated with ECG changes. Early recognition of the clinical picture and prompt ECMO support may provide better chances of recovery for these patients.

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IMAGES IN CARDIOLOGY

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Pneumopericardium after bilateral lung transplantation

A 49-year-old man was admitted to the intensive care unit after bilateral lung transplantation for histiocytosis-X. He developed acute respiratory distress syndrome, secondary to *Pseudomonas aeruginosa* and *Candida albicans* pneumonia, and required continuous positive pressure ventilation. On day 21, atrial fibrillation with haemodynamic instability occurred. A chest radiograph (see panel) showed a large aeric outline surrounding the cardiac silhouette. A chest computed tomographic (CT) scan confirmed the diagnosis of isolated pneumopericardium. Bronchoscopy revealed a 2 cm necrosis of the left bronchial sutures, and the patient underwent emergency surgery. No patent opening into the pericardial sac was found and microbiological samples of the pericardial liquid remained sterile. Pneumopericardium is a very rare complication of lung transplantation, which usually occurs in the context of pulmonary infections, suture necrosis or during mechanical ventilation with high airway pressure; all these conditions were found in the present case.



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