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Broncho-pleuropericardial fistula complicating staphylococcal sepsis.

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Abstract

This is a rare case of broncho-pleuropericardial fistula in a 12-year-old female who presented with fever, painful joint swelling, and pleural and pericardial effusion secondary to disseminated methicillin-sensitive *Staphylococcus aureus* infection. The pleural and pericardial effusion were drained, however, air leak was observed from both tubes and was synchronous with mechanical inspiration. A broncho-pleuropericardial fistula was suspected and confirmed with computed tomography. This case report demonstrated that disseminated *S. aureus* bacteremia could result in broncho-pleuropericardial fistula. The ability of disseminated staphylococcal infection to produce pneumopericardium should be added to the list of other complications associated with disseminated staphylococcal sepsis