A 77-year old woman presented to the emergency room with a 5-h history of acute chest pain, radiating to her back and arms and associated with nausea and diaphoresis. Electrocardiogram demonstrated acute transmural inferior wall myocardial infarction. Coronary angiography revealed a total occlusion of the dominant right coronary artery. Angioplasty successfully restored normal flow. However, the patient was severely hypotensive, requiring continuous intravenous dopamine. Left ventriculography revealed a large rupture in the posterior wall with extravasation of significant amounts of dye into the pericardial space. Right heart catheterization indicated cardiac tamponade with equalization of diastolic pressures in all four chambers.

Reference