Introduction:
Cardiac tamponade is a life-threatening clinical syndrome caused by an increase in intrapericardial pressure that requires early diagnosis and management. In our Moroccan endemic context, tuberculosis (TB) still remains a real public health issue and its pericardial localization is a serious form of extrapulmonary TB associated with substantial morbidity. However, pericardial effusions causing pericardial tamponade are rare in patients with TB. The aim of our study was to evaluate the prevalence of tuberculous cardiac tamponade, its clinical presentation and evolutive particularities in our cardiac care unit.

Methods:
We conducted a cross-sectional prospective study from May 2016 to April 2019 including all the patients admitted in our unit for cardiac tamponade. We excluded all the traumatic or post-myocardial infarction forms.

Results:
Out of 83 patients, the tuberculous etiology was identified in 15 cases (18.1%), mean age was 34 years, 57.8% were men. 9 patients reported a TB contact in their environment, 5 had a medical history of pulmonary TB. After pericardiocentesis, the liquid was citrine yellow in 6 cases and hematic in 5 patients, no patient underwent surgical drainage in our serie. Mycobacterium tuberculosis was found in the expectorations in 4 cases and ADA was positive in 4 patients. HIV serology was negative in all our patients. A 6 months anti bacillary therapy with isoniazid, rifampin, pyrazinamide, and ethambutol was initiated in all our patients with a good evolution in 7 cases, 2 deaths, 1 chronic constrictive pericarditis, 2 small pericardial effusion and 3 lost to follow-up.

Conclusion:
Although cardiac tamponade is rarely caused by tuberculosis, this condition remains common in endemic countries such as Morocco and affect younger population, hence the importance of a better knowledge of its prevalence and and multidisciplinary management and more importantly the treatment of the underlying cause using Combined antibacillary medication that has shown satisfying results.