A 76-year-old man presenting with cardiac tamponade underwent urgent pericardial drainage using ultrasound guided pericardial puncture. A pericardial drainage catheter was left in place. The patient continued to present with symptoms suggestive of recurrent cardiac tamponade. Computed tomography (CT) of the chest in axial (Figure 1A) and coronal (Figure 1B) plans demonstrated a large pneumopericardium. In this particular case, the pericardial drainage catheter was malfunctioning due to a kink at its distal end. Air was entering the pericardium via the pericardial drainage catheter but could not drain out.