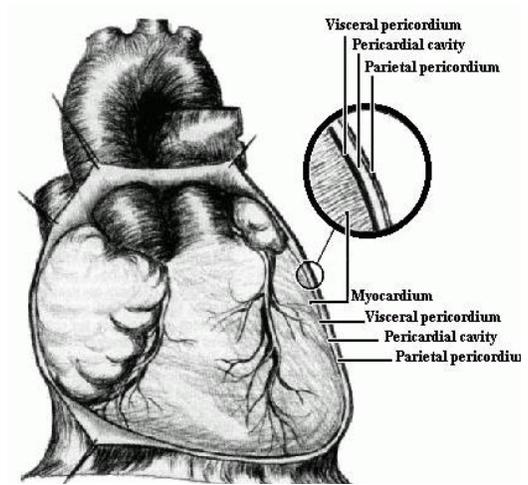


# 29. Pericarditis

## Acute Pericarditis

1. Presentation
  - Sharp retrosternal chest pain
  - Positional (Aggravated by lying down)  
(Better leaning forward)
  - Pleuritic, pain may vary
  - Prodrome of fever, malaise is common
  - Friction rub hallmark, but not always heard,
2. ECG
  - Diffuse ST elevation, PR depression. LATE: EKG changes evolve into T-wave inversions
3. Echocardiogram
  - Looking for effusions, which often NOT present? 9% mild self limited constriction.



## Causes of Acute Pericarditis

1. Infection
  - Viral (Coxsackie, Echo, Adeno, Influenza, Mumps, Varicella, Zoster, and EB...)
  - Bacterial are Strep, Staph, Corynebacteria and gram negative rods.  
Children commonly caused by H-flu
  - Uncommon (TB, Legionella, Fungal, etc)
2. Inflammatory/Immune
  - 1/3 of RA patients will have pericarditis
  - Drug induced lupus (Procainamide, and Hydralazine)
  - SLE, Wegner's, PAN, and spondyloarthropathies.
3. Post MI
  - Can be acute (within a few days), or 10-14 days later (Dressler's syndrome).
4. Metabolic
  - Uremia is most common cause of this kind of acute pericarditis
  - Consider this when any dialysis patient is having chest pain with ST elevations.
4. Iatrogenic
  - Radiation, post cardiac operation, post cath, post pacemaker, etc.
5. Malignant
  - Commonly metastatic from Lung, Breast, Lymphoma, Melanoma, or Leukemia.
  - Remember in cancer patients, the presence of pericarditis may be something other than metastatic disease (inflammatory or infectious )

## Treatment of Acute Pericarditis

- Oral NSAIDS usually provide relief within 2 hours. (Indocin 25 to 50 mg qid)
- Second line of therapy is Colchicine 0.6 to 1.2 mg daily or bid
- Oral steroids are a treatment of LAST RESORT, if ever

## Recurrent Pericarditis

- Same regimen as the acute episode steroids needs to be used cautiously only after Colchicine.

## Constrictive Pericarditis

- Commonly seen on medicine boards
- Elevated wedge pressure, and pulmonary pressures
- CXR or Chest CT: May have calcification of pericardium
- Diagnosis: Echocardiogram and Cardiac Hemodynamics

## Effusive-Constrictive Pericarditis

- Starts often with effusion
- In middle age normal to severe constriction in a few months
- Non-Calcific Constrictive, thin but occlusive!

**Treatment:** Pericardectomy

