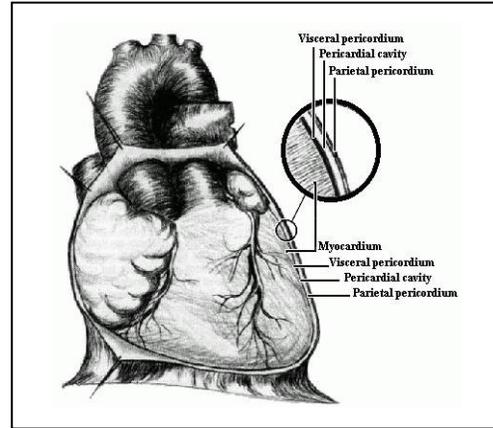


29. Pericarditis

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.
5. Iatrogenic
 - Radiation, post cardiac operation, post cath, post pacemaker, etc.
6. 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 pain relief within 2 hours. (Indocin 25 to 50 mg qid)
- Another 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!

Constrictive Treatment: Pericardectomy