

Pericarditis



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KEYWORDS

- Pericarditis • Chronic pericarditis • Myopericarditis • Pericardial effusion
- Cardiac tamponade

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Pericarditis is acute or chronic inflammation of the pericardium.
2. Viral pathogens are thought to be the leading cause of pericarditis but other causes include nonviral infections, autoimmune diseases, uremia, previous myocardial infarction, cardiac surgery, malignancies, radiation, medications, and trauma.
3. Complications of acute pericarditis include cardiac tamponade, recurrent or chronic pericarditis, and constrictive or constrictive-effusive pericarditis.
4. Acute pericarditis can be diagnosed with 2 of the following 4 findings: chest pain, pericardial friction rub, characteristic electrocardiograph (ECG) findings, pericardial effusion.
5. A good history and physical examination, ECG, chest radiograph, and echocardiogram should be done on all patients with suspected pericarditis.
6. Patients with pericarditis but without high-risk features can be managed as outpatients.
7. Subspecialty consultation should be considered when the diagnosis remains uncertain following initial evaluation or based on a failure to respond to treatment.
8. Medical therapy for viral pericarditis involves treatment with antiinflammatory medications (aspirin or nonsteroidal antiinflammatory medications) in combination with colchicine.

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9. Steroids should be reserved for patients who are refractory to first-line treatment or have a contraindication to nonsteroidal antiinflammatory medications.
10. Treatment with colchicine is associated with reduced risk of recurrent pericarditis.
11. Patients with moderate to large effusions that are symptomatic or refractory to medical therapy, and those with signs of pericardial tamponade, should undergo pericardiocentesis.
12. Surgery may be required for recurrent symptomatic effusions or recurrent pericardial tamponade.

PERICARDITIS*What is the anatomy of the pericardium?*

The pericardium is a fibroelastic sac that covers the heart and the roots of the great vessels. The outermost layer is referred to as the fibrous pericardium. The inner layer, the serous pericardium, is composed of a visceral layer that is adherent to the heart and reflects back on itself to form the parietal layer, which is in turn adherent to the outer, fibrous pericardium. A small amount of pericardial fluid is normally present between the visceral and parietal layers. Although it is not essential, the pericardium protects the heart from surrounding organs, lends structural support, and assists with the heart's hemodynamic function.

What is pericarditis?

Pericarditis refers to inflammation of the pericardium and can occur in isolation or in association with a systemic disease. Its time course can be acute, chronic, or recurrent. Although most cases of acute, idiopathic pericarditis have a benign, self-limited course following treatment, pericarditis can lead to significant morbidity as well as potentially life threatening complications, such as cardiac tamponade and pericardial constriction. Cases of nonidiopathic pericarditis can have a complicated course and their prognosis is usually dictated by the underlying illness rather than the pericardial inflammation they cause.

What is myopericarditis?

When pericarditis occurs in association with otherwise unexplained increases in serum cardiac biomarkers or with an otherwise unexplained decrease in cardiac function, this is referred to as myopericarditis. Myocardial involvement may be more common in male patients, those of younger age, and in cases following febrile gastrointestinal illnesses. It is more often associated with cardiac arrhythmias. Increases in the troponin level in the setting of acute idiopathic pericarditis do not worsen prognosis and usually normalize within 2 weeks.¹

What are the causes of pericarditis?

Although in most cases of pericarditis the exact cause remains unidentified, viral pathogens are thought to be the leading cause. In addition to viral pathogens, numerous

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