REVIEW

PERICARDITIS: DIAGNOSIS AND MANAGEMENT

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Abstract: *Pericarditis represents the inflammation of the pericardial sac and is probably the most common disease involving the pericardium. When the fluid accumulation becomes hemodynamically significant (the effusion is large or the rate of accumulation is too fast), the fluid can compress the cardiac chambers, determining cardiac tamponade. This pathology can be isolated or a cardiac manifestation of a system disease. Pericarditis may result from infectious, non-infectious, and idiopathic etiologies. European Society of Cardiology guidelines recommend 2 out of 4 criteria for the positive diagnosis of pericarditis: chest pain, pericardial rub, ECG changes or increase of pericardial effusion. Echocardiography represents the most important imaging method in pericarditis. It is used for quantification of pericardial effusion and monitoring its evolution over time. Cardiac magnetic resonance is used in cases of unclear echocardiographic images, suspicion of myocardial involvement and in patients with multiple recurrences. The sequence – late gadolinium enhancement – of cardiac magnetic resonance has a sensitivity of 94% and can assure information about the severity of pericardial inflammation. The most important treatment in acute pericarditis is anti-inflammatory therapy, which should continue until symptom relief. Most patients recover completely. Recurrent pericarditis occurs in 30% of cases not treated adequately.*

Keywords: *pericarditis, echocardiography, anti-inflammatory drugs.*

DOI https://doi.org/10.56082/annalsarscimed.2022.2.21

Introduction

Pericarditis represents the inflammation of the pericardial sac and is probably the most common disease involving the pericardium [1]. It may be associated with pericardial effusion, which can be serous, hemorrhagic or purulent. When the fluid accumulation becomes hemodynamically significant (the effusion is large or the rate of accumulation is too fast), the fluid can compress the cardiac chambers, determining cardiac tamponade.

This pathology can be isolated or a cardiac manifestation of a system disease [2].

Pericarditis may result from infectious, non-infectious and idiopathic etiologies (Table 1,2). Sometimes, constrictive pericarditis can follow the initial pericarditis after months or years by the process of pericardial thickening [3][4].