



Constrictive Pericarditis

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1 INTRODUCTION

The pericardium is a fibrous membrane that surrounds the heart and is composed of two components: visceral pericardium and parietal pericardium. Under physiological conditions, it performs important functions, such as lubrication, which minimizes friction between the organ and adjacent structures, limits intrathoracic cardiac motion, aids in filling the cardiac chambers, and participates in the balancing between the right and left ventricles during diastole and systole interactions. Constrictive Pericarditis occurs when the pericardium is thickened, fibrotic and often calcified, significantly reducing its compliance and preventing adequate cardiac filling during diastole. This is a relatively rare condition, with varied causes. The main cause is idiopathic, followed by involvement after heart surgery or radiotherapy, and also - especially in developing countries - of infectious and parasitic etiology, especially tuberculosis. The diagnosis is often challenging, since this disease typically presents with insidious and chronic symptoms, predominantly with systemic venous congestion, mimicking other disorders such as restrictive cardiomyopathy. In the last two decades, the evolution of noninvasive imaging examinations have facilitated the early recognition of Constrictive Pericarditis. Echocardiogram (transthoracic and transesophageal), central and transvalvular pressure Doppler measurements, Magnetic Resonance Imaging and Catheterization are the main exams of choice for the diagnosis. Although drug treatment alleviates the symptoms of heart failure, severe cases may require pericardiectomy.

In this study, a case report is presented about Constrictive Pericarditis, in which diagnosis and management were guided by cardiovascular imaging methods.

2 METHODOLOGY

The information contained in this paper was obtained by reviewing the patient's medical records, interviewing the patient, recording the diagnostic methods and management to which the patient was submitted, and reviewing the literature.



3 CONCLUSION

Constrictive pericarditis represents the final stage of an inflammatory process that involves the pericardium in its different layers, resulting in filling restriction of all cardiac chambers. (BRAUNWALD, 2018).

In developing countries, its main etiology is tuberculosis, while idiopathic cases are highlighted in other countries (LIMA et al, 2011).

This is a difficult disease to diagnose, since it typically presents with insidious and chronic symptoms, with a long period of time between the initial pericardial lesion and the manifestation of constriction - as was the situation of the clinical case presented.

In the last two decades, the evolution of non-invasive imaging examinations have facilitated the early recognition of Constrictive Pericarditis, with chest tomography having the highest specificity to show calcification and magnetic resonance imaging being the gold standard in the diagnosis of constrictive physiology, where it shows a thickening of the pericardium and dynamic abnormalities related to diastolic dysfunction. (GODOY et al, 2007).

It is of extreme importance the adoption of therapeutic measures that preconize the singularities of each individual, in order to control the symptoms, aiming at a better prognosis and quality of life of the patients. In chronic cases, of long duration, with much calcification and without evidence of inflammation, pericardiectomy is the treatment of choice.



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