Constrictive Pericarditis: Pathognomonic Image

Pericardite Constritiva: Imagem Patognomónica

José Eduardo MATEUS✉[1], António ARAGÃO[1], Armando CARVALHO[1]
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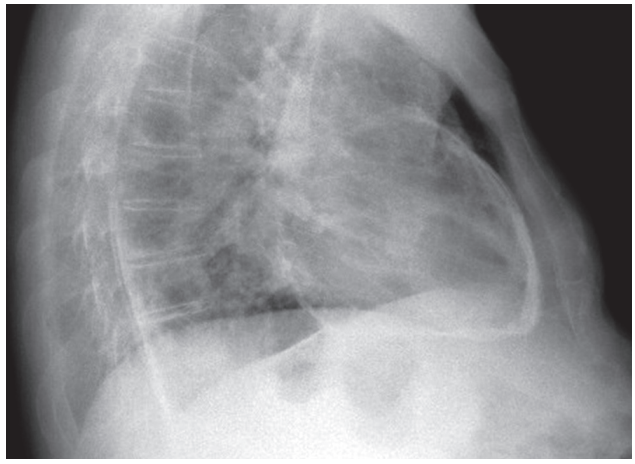

Figure 1 – Calcification of the pericardium on chest x-ray (lateral view)

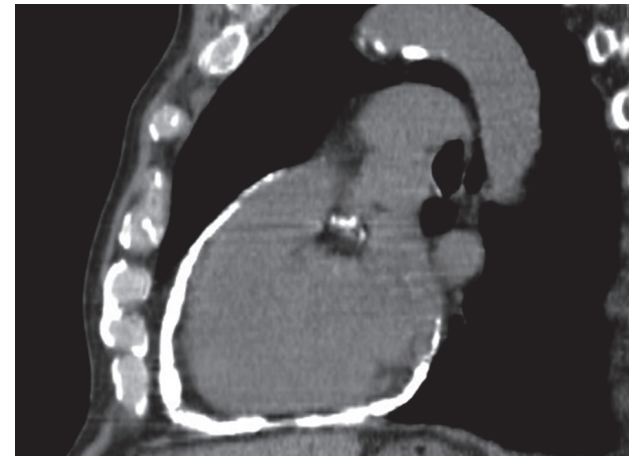

Figure 2 – Calcification of the pericardium on CT scan (sagital view)

A 80-year-old man presented to the emergency department with gradually progressive abdominal distension and edema of his lower limbs first noticed several months before.

A chest x-ray lateral view showed calcification of the pericardium (Fig. 1). A computed tomography of the chest showed thickening of the pericardium with evidence of calcification (Fig. 2). Abdominal ultrasound revealed ascites, hepatomegaly and portal and hepatic veins dilatation. Laboratory tests ruled out viral infection, autoimmune disease and tuberculosis.

The diagnosis of constrictive pericarditis causing heart failure was considered. The patient showed a good response to evacuation paracentesis and diuretics. Since then, he has been admitted to hospital two more times for therapeutic readjustment and remains stable.

Constrictive pericarditis can occur after any pericardial disease process, but most cases are still deemed to be idiopathic.[1,2] Pericardiectomy is the only definitive treatment option[1-3] but medical therapy may be used for patients who are not candidates for surgery.[3,4]

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

All authors report no conflict of interest.

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1. Serviço de Medicina Interna A. Centro Hospitalar e Universitário de Coimbra. Coimbra. Portugal.
✉ Autor correspondente: José Eduardo Mateus. zeduardomateus@gmail.com
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