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Pericardial Disease
Needham echo 9/13
Boston Echo post pericardiocentesis
Return with worsening shortness of breath and chest pain
Normal Physiology

- Systemic venous return biphasic
  - Systolic peak determined by atrial relaxation ("v" wave)
  - Diastolic peak determined by TV an RV compliance ("a" wave)

- Venous return augmented with inspiration
  - Intrapericardial pressure decreases with inspiration
  - Right heart filling and output higher with inspiration
  - LV filling, output and aortic pressure lower with inspiration
Pericarditis

Inflammation of the pericardium most commonly due by viral agents

Types:
Acute -- Fibrinous exudate which resolves or progresses to chronic form
Chronic – Varies from delicate fibrous adhesions to fibrotic scarring

Sequelea: Constrictive pericarditis
Pericardial Effusions

Serous – Due to decreased protein (cirrhosis) or increased pressure (CHF)

Serosanguinous – Due to decreased protein with blood (trauma or cancer)

Chylous – Due to lymphatic obstruction (cancer)

Sanguinous – Due to trauma or acute events (dissections or rupture)
Cardiac Tamponade: Signs and Symptoms

- Dyspnea
- Elevated JVP
- Hypotension
- Sinus Tachycardia
- Unexplained cardiomegaly