Complications

Fibrinous Pericarditis

Fibrinous Pericarditis
Constriction: Etiologies

- Infectious
- Traumatic
- Post-irradiation
- Chronic Inflammatory disease
- Uremia
- Neoplastic
Constriction: Signs and Symptoms

- DOE
- Fatigue
- Abdominal fullness
- Scrotal swelling
- Orthopnea
- Chronic cough

- JVD
- Edema
- Hepatomegaly
- Ascites
- Pleural effusion
- Kussmaul’s
- Pericardial Knock
- Paradox
- Diminished PMI
Constriction: Hemodynamics

- Pericardial resistance in later 2/3 of diastole
- Elevation and equalization of diastolic pressures
- Lower intracardiac volume, SV and CO
- VR biphasic: prominent "X" and "Y" descent
- RV dip and plateau-"Square root sign"
- Insp. augmentation of VR blunted
- Kussmaul’s
- Paradox (33%)
- Ventricular discordance/interdependence
Constriction: Ventricular Discordance

- The right heart has intrathoracic, extrathoracic and intrapericardial components. RVSP increases with inspiration.
- LA pressure (extrapericardial) decreases with inspiration, but the LV does not in constriction.
  - Gradient between LA and LV decreases so LV filling is less and LVSP decreases.
## Comparison: Tamponade and Constriction

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<thead>
<tr>
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<th>Tamponade</th>
<th>Constriction</th>
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<tbody>
<tr>
<td>Venous Return</td>
<td>Monophasic: Systole only, inspiratory increase intact</td>
<td>Biphasic: Systolic and diastolic. Inspiratory increase absent</td>
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<tr>
<td>Filling pressures</td>
<td>Elevated and equalized</td>
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<tr>
<td>JVP and RA</td>
<td>Prominent X and blunted y</td>
<td>Prominent X and Y</td>
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<tr>
<td>RV pressure</td>
<td>No dip and plateau</td>
<td>Prominent dip and plateau</td>
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<tr>
<td>Pulsus Paradoxus</td>
<td>Nearly always present</td>
<td>Only found in 1/3</td>
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<tr>
<td>Kussmaul’s</td>
<td>Unusual</td>
<td>Prominent</td>
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