

# Pericarditis

inflammation of the pericardium (the fibrous sac surrounding the heart).

Pericarditis is further classified according to the composition of The inflammatory exudate:  
serous, purulent, fibrinous, and hemorrhagic types

Acute pericarditis is more common than chronic pericarditis, and can occur as a complication of infections, immunologic conditions, or heart attack.

# Causes

Idiopathic No identifiable etiology found after routine testing.

Viral infection, especially by Coxsackie virus  
(most common cause)

Bacterial infection, especially by the Tuberculosis bacillus  
Immunologic conditions including Lupus erythematosus  
(more common among women)

Myocardial Infarction (Dressler's syndrome)

Trauma to the heart, e.g. puncture, resulting in  
infection or inflammation

Uremia

Malignancy (as a paraneoplastic phenomenon)

Side effect of some medications, e.g. isoniazid, cyclosporine,  
hydralazine

Radiation induced

Aortic dissection

Tetracyclines

# Symptoms

Chest pain, caused by the inflamed pericardium rubbing against the heart.

Pleuritis type: a sharp, stabbing pain

May radiate to the neck, shoulder, back or abdomen

Often increases with deep breathing and lying flat, and may increase with coughing and swallowing

Breathing difficulty when lying down

Need to bend over or hold the chest while breathing

Dry cough

Ankle, feet and leg swelling (occasionally)

Anxiety

Fatigue

Fever

# Treatment

1. The cause of pericarditis must be identified, if possible.
  - Bacterial pericarditis must be treated with antibiotics.
  - Fungal pericarditis is treated with antifungal agents.
2. analgesics to treat the pain (pain killers).
3. anti-inflammatory drugs(NSAIDS) such as aspirin and ibuprofen.
4. corticosteroids in some cases
5. diuretics may be used to remove excess fluid accumulated in the pericardial sac.
6. pericardiocentesis, If the pericardial fluid makes the heart function poorly or produces cardiac tamponade,