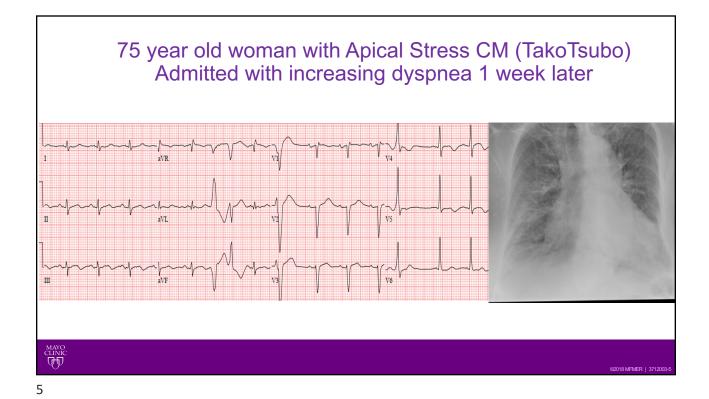


75 year old woman with NSTEMI Apical Stress CM

E=60 cm/s E/A = 2

| TR = 2.82 m/s | TR = 2.82



75 year old woman with Apical Stress CM (TakoTsubo)
Admitted with increasing dyspnea 1 week later

Dec 19th

Dec 24th

75 yo woman with stress cardiomyopathy Dyspnea on exertion 3 years earlier Mayo Clink Mayo Clink Mayo Clink Mayo Clink Rest Exercise Rest Exercise Rest Exercise

Are Some False-Positive Stress Echocardiograms a Forme Fruste 31 patients: 87% Variety of Apical Ballooning Syndrome? Postmenopausal women Aaron M. From, MD, Abhiram Prasad, MD*, Patricia A. Pellikka, MD, and Robert B. McCully, MBChB Anterior 48% Systole Diastole 45% 42% **Posterior** 1434-1438) **Apex** Mid **Base** From and McCully et al AJC 2009

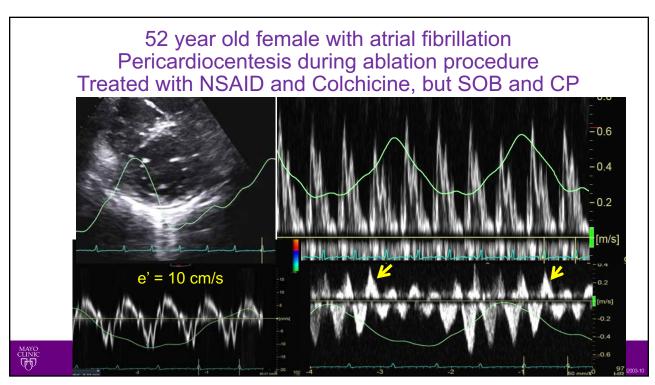
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52 year old female with atrial fibrillation Hypotension during ablation procedure





9

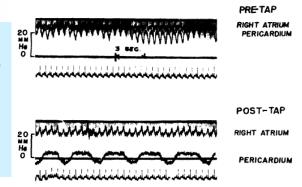


Subacute Effusive-Constrictive Pericarditis

By E. W. HANCOCK, M.D.

Circulation, Volume XLIII, February 1971

- Pre-tap : Increased RA and Intrapericardial pressures (IPP)
- Post-tap: Increased RA pressure and normal IPP
- 9/13 required pericardiectomy



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Effusive-Constrictive Pericarditis After Pericardiocentesis

F

Incidence, Associated Findings, and Natural History

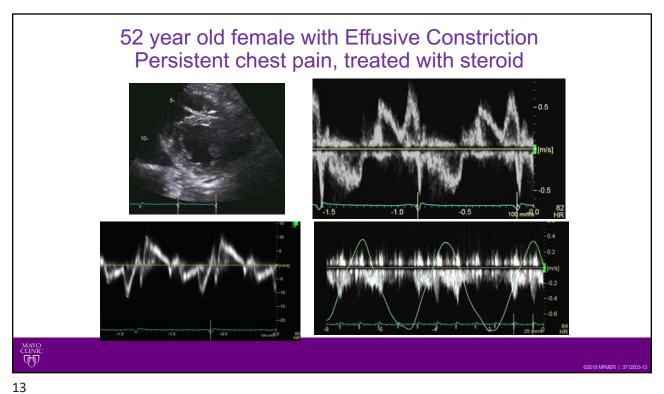
Kye Hun Kim, MD, ^{a,b} William R. Miranda, MD, ^a Larry J. Sinak, MD, ^a Faisal F. Syed, MBСнВ, ^a Rowlens M. Melduni, MD, ^a Raul E. Espinosa, MD, ^a Garvan C. Kane, MD, ^a Jae K. Oh, MD

- 205 consecutive patients with pericardiocentesis
- ECP was diagnosed in 33 (16%)
 - More frequent hemo-pericardium (33% vs 13%)
 - Higher % of neutrophils
 - · Baseline medial mitral annulus e' higher
 - Expiratory diastolic flow reversal in HV more frequent
 - 2 required pericardiectomy in 3.8 year follow-up



Kim KH, Miranda W, Oh JK et al JACC Imaging Nov 2017

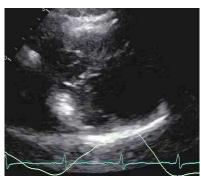
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54 year old physician with history of pericarditis Increasing dyspnea and edema

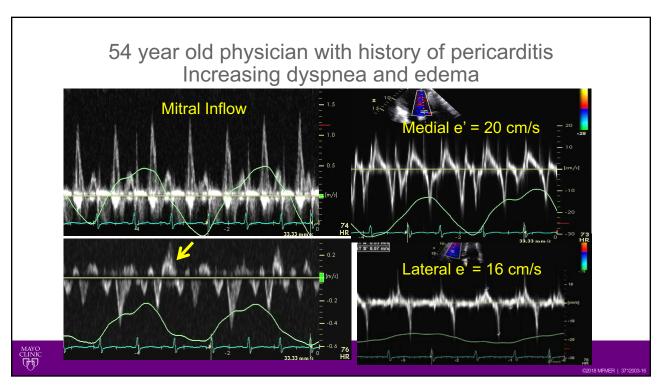


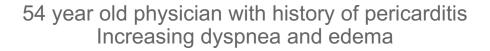


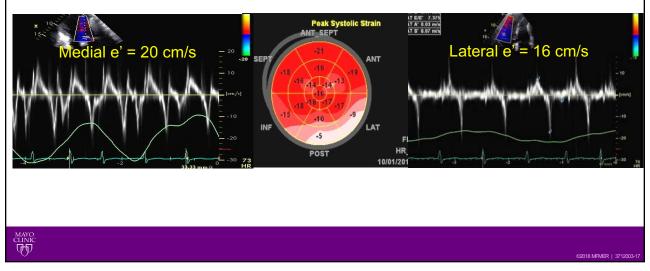


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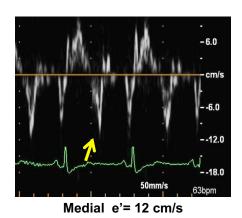


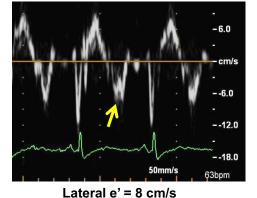


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Using mitral 'annulus reversus' to diagnose constrictive pericarditis

Christina S. Reuss¹, Susan M. Wilansky¹, Steven J. Lester¹, Joan L. Lusk¹, Diane E. Grill², Jae K. Oh³, and A. Jamil Tajik¹*





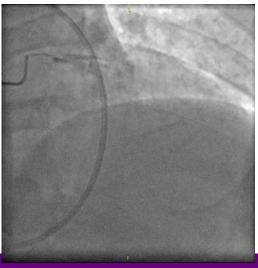
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Reuss et al, EHJ Imaging June 2008

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Pericardiectomy after Coronary Angiography Diastolic Compression of Coronary Artery





JACC Case Report 2020 by Georgios Christopoulos et al.

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CIINK THE

Diastolic Segmental Coronary Artery Obliteration in Constrictive Pericarditis

Emanuel Goldberg, MD, Julius Stein, MD, Marvin Berger, MD, and Russell L. Berdoff, MD

A patient with severe constrictive pericarditis demonstrated a new angiographic sign of segmental diastolic obliteration of an obtuse marginal branch of the circumflex system of the left coronary artery.

Key words: pericarditis, constrictive; coronary artery, diastolic narrowing

INTRODUCTION

Although no abnormalities of the coronary arteries have been reported in constrictive pericarditis, it is known that radiation fibrosis of the heart can cause narrowing or constriction of coronaries [1]. In the case report below, there was no constriction or narrowing of the coronary arteries, but there was segmental diastolic obliteration of a large marginal branch of the circumflex. In systole, this vessel also showed some minimal narrowing most probably from extrinsic fibrosis since the remaining coronary vessels were completely free of intrinsic disease.

CASE REPORT

A sixty-nine-year-old man was admitted to Beth Israel Medical Center in April 1979 because of abdominal swelling and edema of the legs. He also noted increasing dyspnea on exertion. He had had pulmonary tuberculosis in 1941, followed one year later by period of the legs of the legs

Catheterization and CV Diagnosis 1981

