



Echo Hawaii 2022

Constrictive Pericarditis Never to be Missed

Jae K. Oh, MD

Disclosure for JKO



Section Editor for Pericardial Diseases in UpToDate

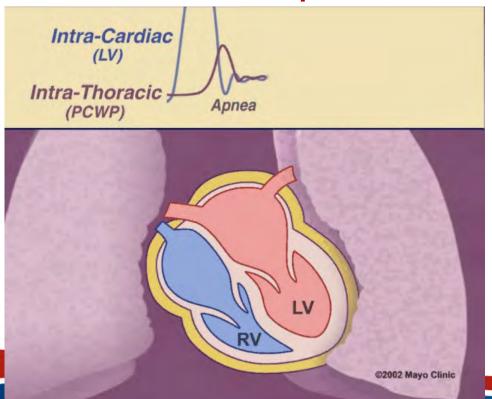


Pericardial Diseases for Echo Hawaii 2022

- Echocardiographic Diagnostic Criteria for Constrictive Pericarditis
- Difference between pure and mixed Constrictive Pericarditis
- Prognostic parameters for patients with Constriction
- Pericarditis related to COVID 19

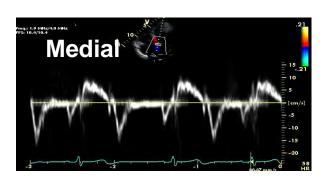
Hemodynamics in Constriction ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

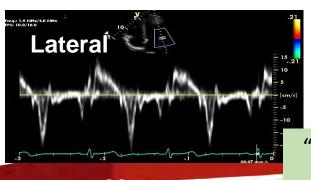
Intracardiac pressure Δ < intrathoracic pressure Δ Interventricular dependence



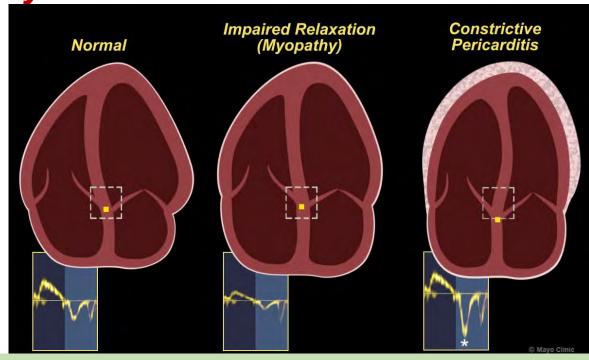
Mitral Annulus Tissue Velocity Constriction vs Myocardial Disease







Normal



" Mitral medial annulus velocity ≥ 8 cm/s suggests CP in pts with HF and normal EF"

Echocardiographic Diagnosis of Constrictive Pericarditis: Mayo Clinic Criteria

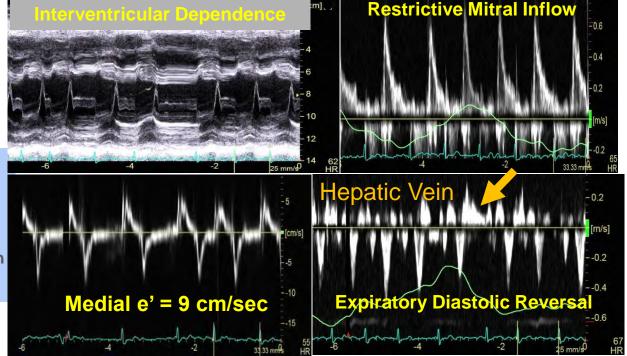
Terrence D. Welch, Lieng H. Ling, Raul E. Espinosa, Nandan S. Anavekar, Heather J. Wiste, Brian

D. Lahr, Hartzell V. Schaff and Jae K. Oh





75 yo male with heart failure and atrial fibrillation

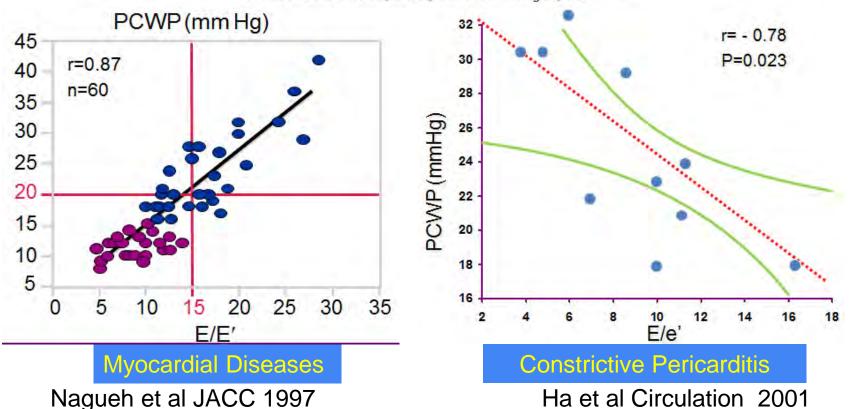


- 1. Respiratory Ventricular Septal Motion Change
- 2. Restrictive Mitral Inflow with or without Resp Variation
- 3. Medial e' Vel ≥ 8 cm/sec
- 4. Expiratory Diastolic Flow Reversal in the Hepatic Vein

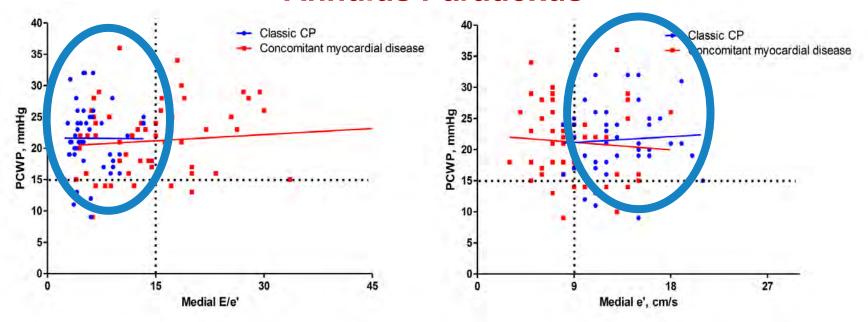
Annulus Paradoxus

Transmitral Flow Velocity to Mitral Annular Velocity Ratio Is Inversely Proportional to Pulmonary Capillary Wedge Pressure in Patients With Constrictive Pericarditis

Jong-Won Ha, MD, PhD; Jae K. Oh, MD; Lieng H. Ling, MD; Rick A. Nishimura, MD; James B. Seward, MD; A. Jamil Tajik, MD



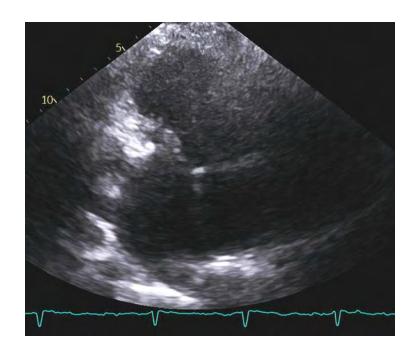
Pure vs Mixed (with CM) Constrictive Pericarditis Annulus Paradoxus



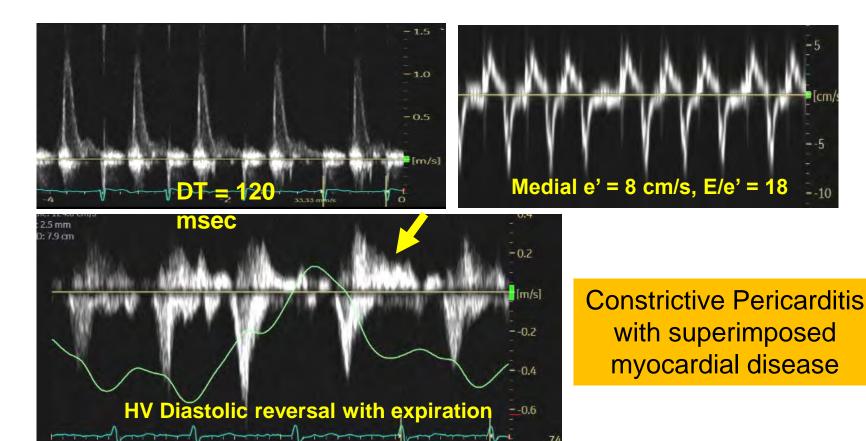
Mitral medial e' velocity is > 9 cm/s and E/e' ratio is < 15 in almost all patients with pure constrictive pericarditis

52 yo man with HF, atrial fibrillation, and anasarca

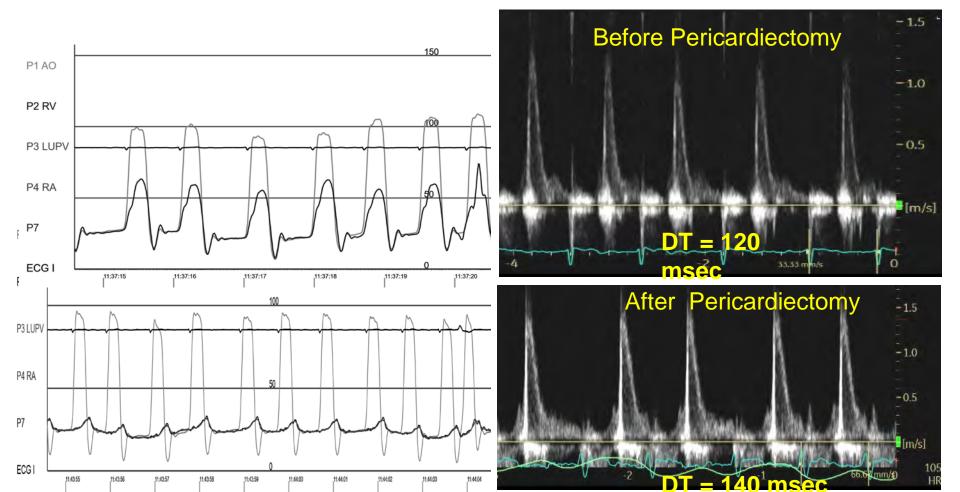




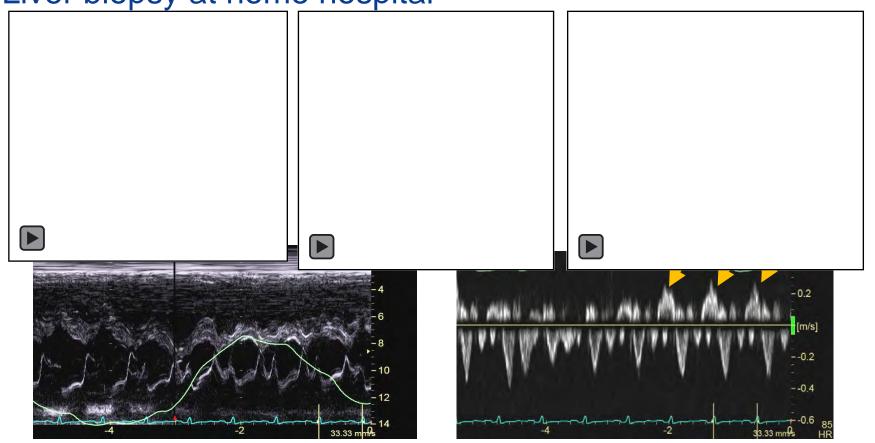
52 yo man with HF, atrial fibrillation, and anasarca



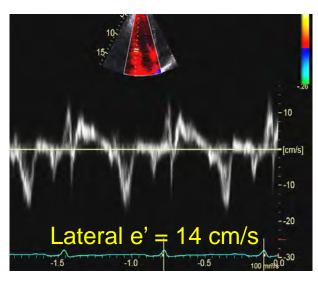
52 yo man with HF, atrial fibrillation, and anasarca

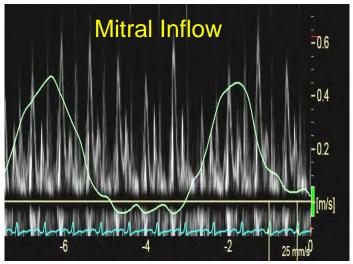


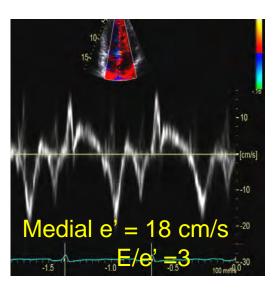
44 yo male with anasarca presented to ED, then to GI Liver biopsy at home hospital



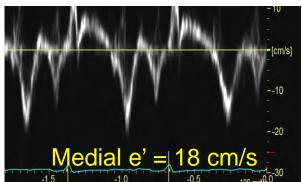
44 yo male with anasarca presented to ED, then to GI Liver biopsy at home hospital





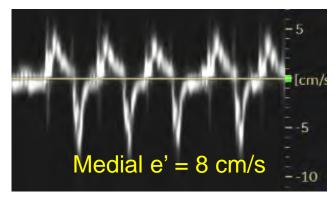


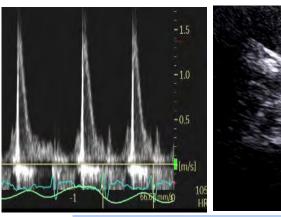
44 yo male with anasarca





52 yo male with anasarca



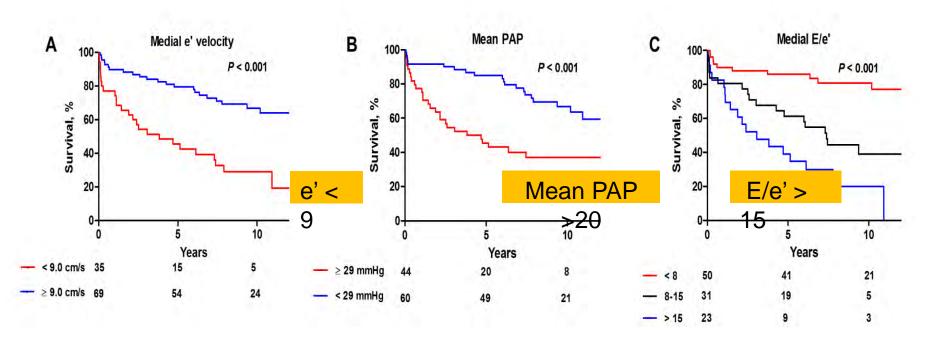




F/U DT 200 msec, IVC small

F/U DT 140 msec, IVC large

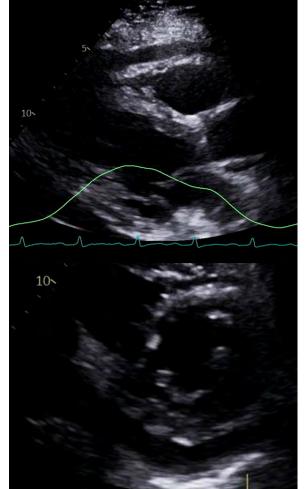
Constrictive Pericarditis e' velocity and E/e' are most prognostic!



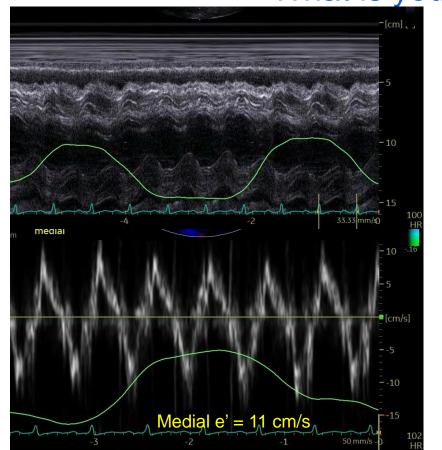
49 yo male with recurrent pericardial effusion

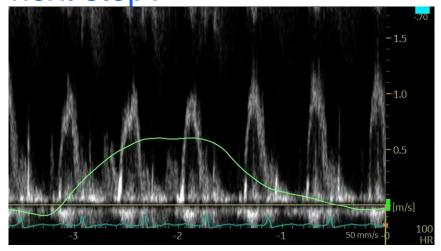
COVID 19

- COVID 19 infection in July of 2021
- Gradual worsening of exertional dyspnea
- Large pericardial effusion treated with
 - Pericardiocentesis
 - Pericardial window x 2
- His dyspnea continues
- Referred to Mayo Clinic in Aug 2021
 - CRP elevated to 67
 - SARS COVID PCR Positive



49 yo male with pericardial effusion after COVID 19 What is your next step?



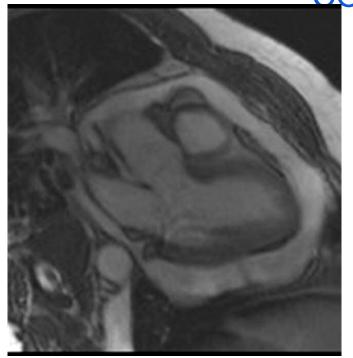


- 1. NSAID and Colchicine
- 2. Rilonacept
- 3. Pericardiocentesis
- 4. Pericardiectomy

Indicators of Poor Prognosis Acute Pericarditis in 453 pts

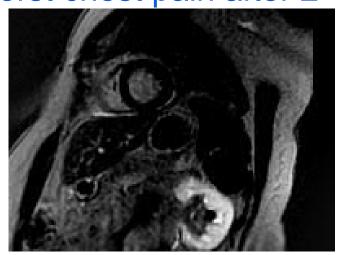
- A specific cause found in 76 (17%)
- Complications in 95 (21%)
 - Recurrence in 83 (18%)
 - Tamponade in 14 (3%)
 - Constriction in 7 (1.5%)
- Women, large effusion, tamponade, failure of ASA/NSAID, steroid use were associated with increased complications

49 yo male with Effusive Constrictive Pericarditis COVID 19





Managed with Pericardiocentesis and Colchicine/Indocin x 3 months No recurrent pericardial effusion or symptoms in Nov. 12th 2021 50 yo woman with recurrent pericarditis
Doing well with gradual tapering of steroid
From 40 mg to 7 mg daily with 1 mg/2 weeks taper
Worst chest pain after 2nd dose COVID vaccination





November 2020

April 2021

Anti-inflammatory therapies for pericardial diseases in the COVID-19 pandemic: safety and potentiality

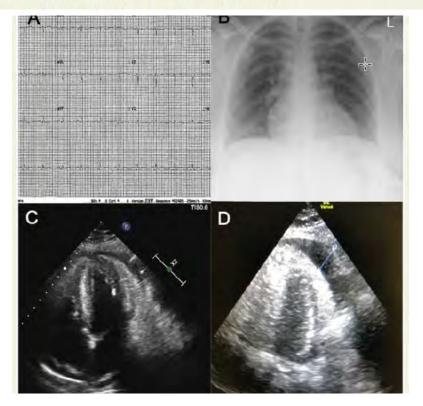
Massimo Imazio^a, Antonio Brucato^b, George Lazaros^c, Alessandro Andreis^a, Mirko Scarsi^d, Allan Klein^e, Gaetano Maria De Ferrari^a, and Yehuda Adler^f,

Same as other acute and recurrent pericarditis

- Acute pericarditis
 - NSAID x 1 month and Colchicine 0.6 mg BID x 3 months
- Recurrent pericarditis
 - o NSAID x 3 month and Colchicine 0.6 mg BID x 6 months
- If above treatment fails
 - Steroid
 - Anakinra or Rilonacept
 - Pericardiectomy

Life-threatening cardiac tamponade complicating myo-pericarditis in COVID-19

Alina Hua 📵 , Kevin O'Gallagher, Daniel Sado, and Jonathan Byrne*



ECHOCARDIOGRAPHY IN COVID-19 CLINICAL INVESTIGATION

Indications for and Findings on Transthoracic Echocardiography in COVID-19



Sneha S. Jain, MD, MBA, Qi Liu, MD, Jayant Raikhelkar, MD, Justin Fried, MD, Pierre Elias, MD,
 Timothy J. Poterucha, MD, Ersilia M. DeFilippis, MD, Hannah Rosenblum, MD, Elizabeth Y. Wang, MD,
 Bjorn Redfors, MD, Kevin Clerkin, MD, MSc, Jan M. Griffin, MD, Eliane Y. Wan, MD,
 Marwah Abdalla, MD, MPH, Natalie A. Bello, MD, MPH, Rebecca T. Hahn, MD, Daichi Shimbo, MD,
 Shepard D. Weiner, MD, Ajay J. Kirtane, MD, SM, Susheel K. Kodali, MD, Daniel Burkhoff, MD, PhD,
 LeRoy E. Rabbani, MD, Allan Schwartz, MD, Martin B. Leon, MD, Shunichi Homma, MD, MHCDS,
 Marco R. Di Tullio, MD, Gabriel Sayer, MD, Nir Uriel, MD, MSc, FACC, and
 D. Edmund Anstey, MD, MPH, New York, New York

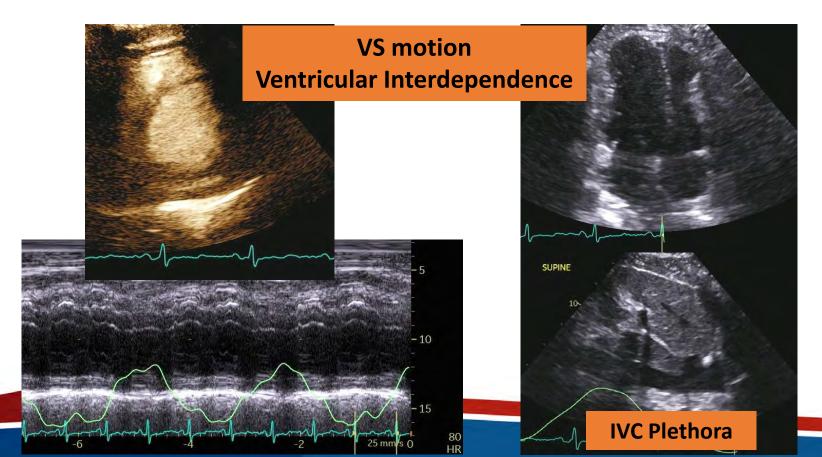
7	Pericardial Effusion, n (%)
None	50 (69.4%)
Trace	16 (22.2%)
Small	3 (4.2%)
Moderate	0 (0%)
Large	0 (0%)
Unable to Assess	3 (4.2%)

Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients: Update from the Advisory Committee on Immunization Practices — United States, June 2021

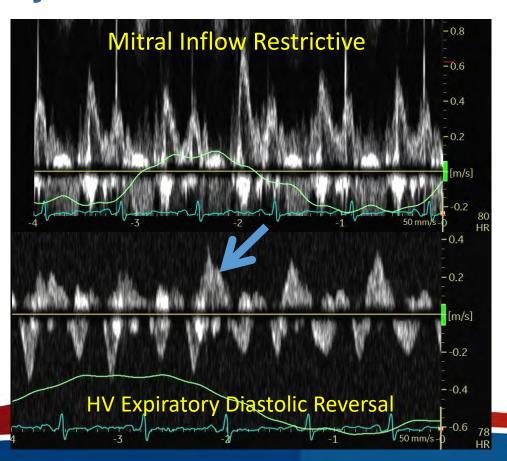
Julia W. Gargano, PhD^{1,*}; Megan Wallace, DrPH^{1,*}; Stephen C. Hadler, MD¹; Gayle Langley, MD¹; John R. Su, MD, PhD¹; Matthew E. Oster, MD¹; Karen R. Broder, MD¹; Julianne Gee, MPH¹; Eric Weintraub, MPH¹; Tom Shimabukuro, MD¹; Heather M. Scobie, PhD¹; Danielle Moulia, MPH¹; Lauri E. Markowitz, MD¹; Melinda Wharton, MD¹; Veronica V. McNally, JD²; José R. Romero, MD³; H. Keipp Talbot, MD⁴; Grace M. Lee, MD⁵; Matthew F. Daley, MD⁶; Sara E. Oliver, MD¹

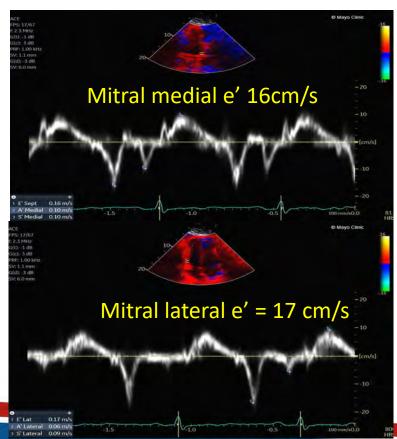
- 3,336 pericarditis from > 400 million doses
- Median Age 18 20 days (16 -42)
- Males 67 81 %
- 2nd dose > 1st dose
- Pfizer-BioNTech = Moderna

40 yo Female with Acute Pericarditis 1 yr Ago ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY Sound Saves Lives Persistent SOB/Fluid Retention after Pericardial Window



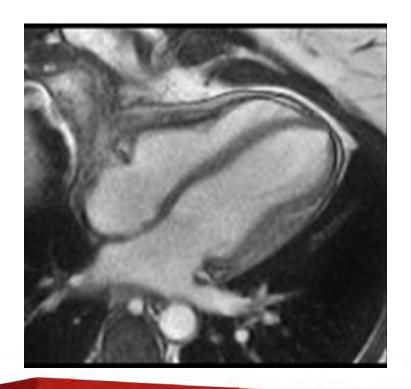
40 yo Female with Constrictive Pericarditis ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY SOURCE S

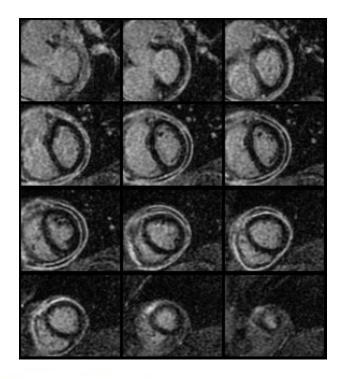




40 yo Female with Constrictive Pericarditis Cardiac MRI

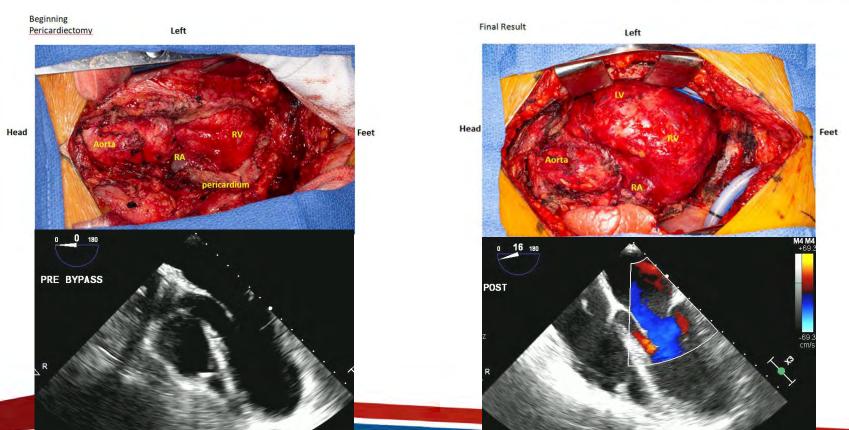






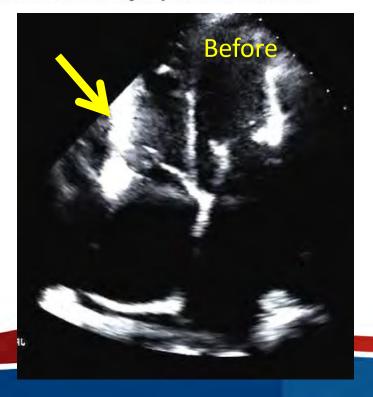
Pericardiectomy

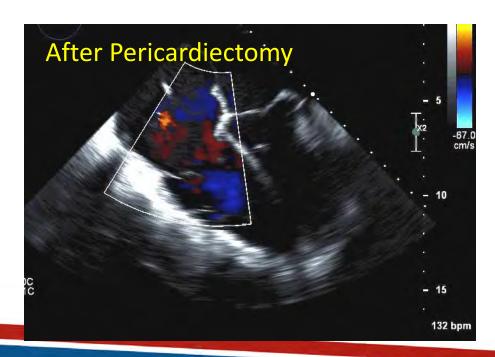




Worsening Tricuspid Regurgitation Following Pericardiectomy for Constrictive Pericarditis*

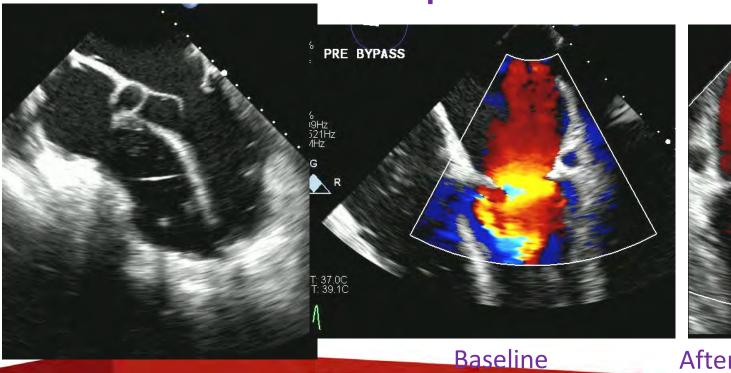
Todd L. Johnson, M.D., Ph.D.; William B. Bauman, M.D.; and Richard A. Josephson, M.S., M.D.

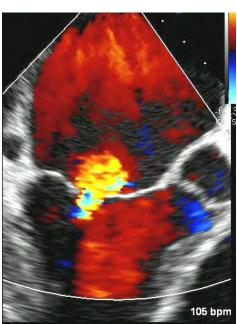






Worsening Mitral Regurgitation after Pericardiectomy ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY SOUND SAVES LIVES WORSENING MITRAL REGURGITATION AFTER PROJECT OF ECHOCARDIOGRAPHY SOUND SAVES LIVES ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY SOUND SAVES LIVES ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY SOUND SAVES LIVES ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY SOUND SAVES LIVES ASE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY ASE AMERICAN S **Intraoperative TEE**





After Pericardiectomy

THANK YOU oh.jae@mayo.edu

The glory of medicine is that it is constantly moving forward, that there is always more to learn.

Dr. Will Mayo



Clinical significance of pulmonary hypertension in patients with constrictive pericarditis

Kyunghee Lim , ¹ Jeong Hoon Yang , ^{2,3} William R Miranda , ⁴ Sung-A Chang , ² Dong Seop Jeong , ⁵ Rick A Nishimura, ⁴ Hartzell Schaff, ⁶ Wern Miin Soo, ⁷ Kevin L Greason, ⁶ Jae K Oh^{2,4}

