

# Session 6: Contemporary Assessment and Management of Incessant and Recurrent Pericarditis

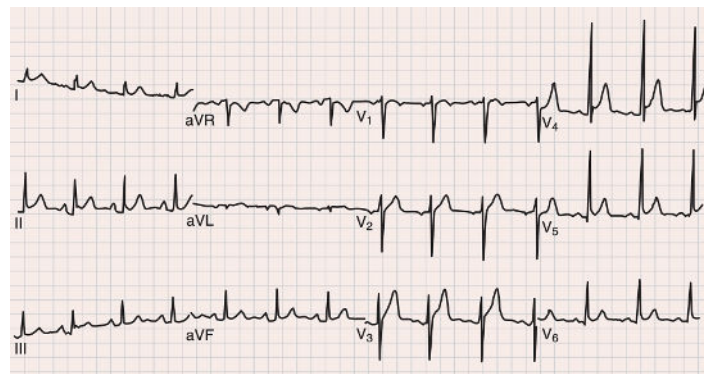
## 1. Acute pericarditis

Acute pericarditis = inflammatory pericardial syndrome with at least 2 of the following:

1. Chest pain
  2. Pericardial rub
  3. ECG changes
  4. New or worsening pericardial effusion
- \*Additional findings may include: CRP, WBC, MRI evidence

- Use colchicine for all patients

### Typical pericarditis ECG



Copyright © 2005 by Elsevier Inc.

## 2. Incessant pericarditis

Incessant pericarditis = lasting 4 – 6 weeks but <3 months without remission

- Taper prednisone VERY slowly
- Add NSAID during last month of taper and continue for an additional one month
- Colchicine throughout and for an additional 6 months
  - o Avoid or use with caution in patients with renal insufficiency

## 3. Recurrent pericarditis

Recurrent = symptoms come back after a 4 – 6-week period of resolution

- Always re-try the NSAID / colchicine before resorting to prednisone
- TIP 1 = Make sure the diagnosis is correct!
- TIP 2 = Try NSAIDs/colchicine again. Do not go to steroids first. Use colchicine for 6 months for recurrent pericarditis

## 4. Steroid sparing approaches

Several options including:

- Azathioprine
- Methotrexate, and others
- Expert consensus is Anakinra

## 5. Constrictive pericarditis

- Use inflammatory markers and MRI to establish whether there may be ongoing inflammation
- Pericardiectomy should be last resort