Clinician Update

Pericarditis

Cardiology

DIAGNOSIS

CRITERIA

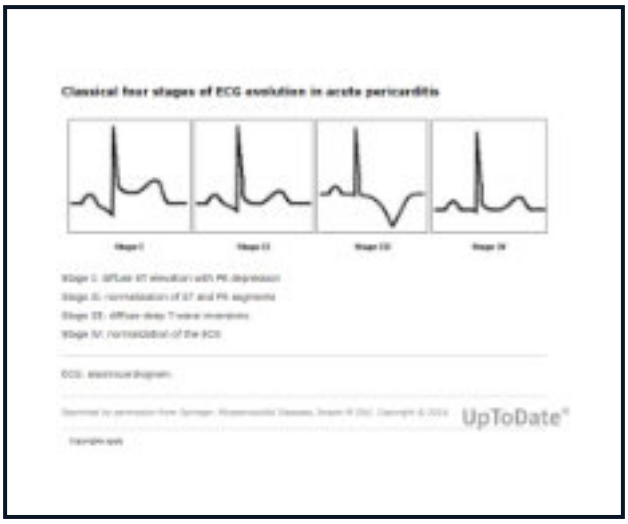
Because it is not always obvious what is causing someone's chest pain after they present to the ER, doctors use critieria to try to be more certain that a patient has pericarditis.

Acute pericarditis (at least 2 criteria of 4 should be present):
Typical chest pain
Pericardial friction rub
Suggestive ECG changes (typically widespread ST-segment elevation)
New or worsening pericardial effusion

LAB

Signs of inflammation — Since pericarditis is an inflammatory disease, laboratory signs of inflammation are common in patients with acute pericarditis. These include elevations in the white blood cell count, erythrocyte sedimentation rate, and serum C-reactive protein concentration. While elevation in these markers supports the diagnosis, they are neither sensitive nor specific for acute pericarditis. Additionally, in the hyperacute phase of pericarditis, these markers may remain normal, and increased levels may be found only on follow-up. However, markers of inflammation play a role in determining the optimal duration and approach to tapering of therapy.

ECG



TREATMENT

MEDICAL

- *NSAID*
- *glucocorticoid*
- *Colchicine*
- *IL1 inhibitors*

NSAID

Glucocorticoid

Start at 0.5 mg per kg orally and reduce by 10 mg. Every week as symptoms tolerate

Colchicine

IL1 inhibitor

Anakinra (Kineret)

Dose is 100 mg. SC daily. Cost is expensive. Requires specialty pharmacy and prior authorization.

TERMINOLOGY

INCESSANT

Incessant pericarditis is recurring or unable to discontinue acute treatments without a relapse.

REFERENCES

1. M Imazio. Acute pericarditis: Clinical presentation and diagnosis. Uptodate.