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Definition

Pericarditis is inflammation and swelling of the covering of the heart (pericardium). The condition can occur in the days or weeks following a heart attack.

See also: Bacterial pericarditis

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Alternative Names

Dressler syndrome; Post-MI pericarditis; Post-cardiac injury syndrome; Postcardiotomy pericarditis

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Causes, incidence, and risk factors

Pericarditis may occur within 2 to 5 days after a heart attack, or it may occur as much as 11 weeks later. The condition is called Dressler's syndrome when it persists for weeks or months after a heart attack.

Pericarditis that occurs shortly after a heart attack is caused by an overactive response by the body's immune system. When the body senses blood in the pericardial sac or dead or severely damaged heart tissue (as with a heart attack), it triggers an inflammatory response. Cells from the immune system try to clean up the heart after injury, but, in some cases, the cells can attack healthy tissue by mistake.

Pain occurs when the pericardium becomes inflamed (swollen) and rubs on the heart.

You have a higher risk of pericarditis if you have had a previous heart attack, open heart surgery, or chest trauma.

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Symptoms

Anxiety

Chest pain

May come and go (recur)

Pain may be sharp and stabbing (pleuritic) or tight and crushing (ischemic)

Pain may get worse when breathing and may be go away when you stand or sit up

Pain moves to the neck, shoulder, back, or abdomen

Difficulty breathing

Dry cough

Fast heart rate (tachycardia)

Fatigue

Fever

General ill feeling (malaise)

Splinting of ribs (bending over or holding the chest) with deep breathing

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Signs and tests

The health care provider will use a stethoscope to listen to the heart and lungs. There may be a rubbing sound (not to be confused with a murmur), and heart sounds in general may be weak or sound far away.

Buildup of fluid in the covering of the heart or space around the lungs (pleural effusion) is not common after heart attack. But, it does occur in some patients with Dressler's syndrome.

Tests may include:

Cardiac markers (CK-MB and troponin may help distinguish pericarditis from a heart attack)

Chest CT scan

Chest MRI

Chest x-ray

Complete blood count shows increased white blood cells

ECG

Echocardiogram

ESR (sedimentation rate) is high

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Treatment

The goal of treatment is to make the heart work better and reduce pain and other symptoms.

Nonsteroidal anti-inflammatory medications (NSAIDs) and aspirin may be used to treat inflammation of the pericardium. In extreme cases, when other medicines don't work, steroids or colchicine may be used.

In some cases, excess fluid surrounding the heart may need to be removed. This is done with a procedure calledpericardiocentesis. If complications develop, part of the pericardium may need to be removed with surgery (pericardiectomy).

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Expectations (prognosis)

The condition may come back even in those who receive treatment. However, untreated pericarditis can be life threatening.

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Complications

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Constrictive heart failure

Pulmonary edema

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Calling your health care provider

Call your health care provider if you develop symptoms of pericarditis following a heart attack.

Call your health care provider if pericarditis has been diagnosed and symptoms continue or come back, despite treatment.

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