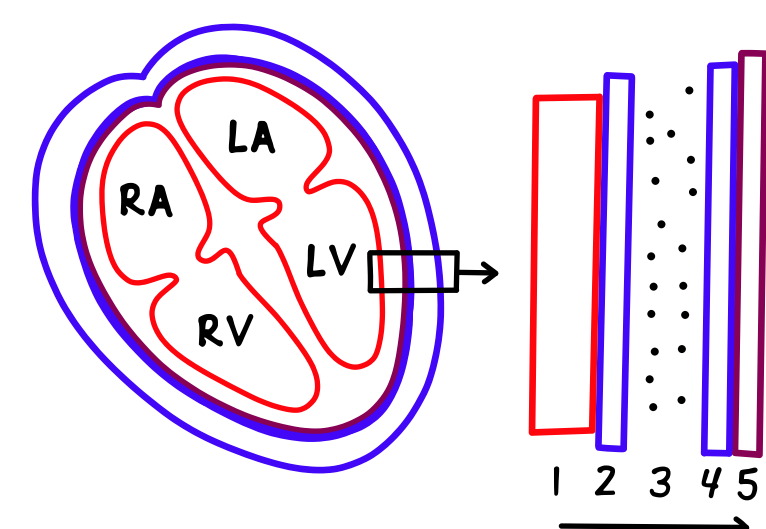
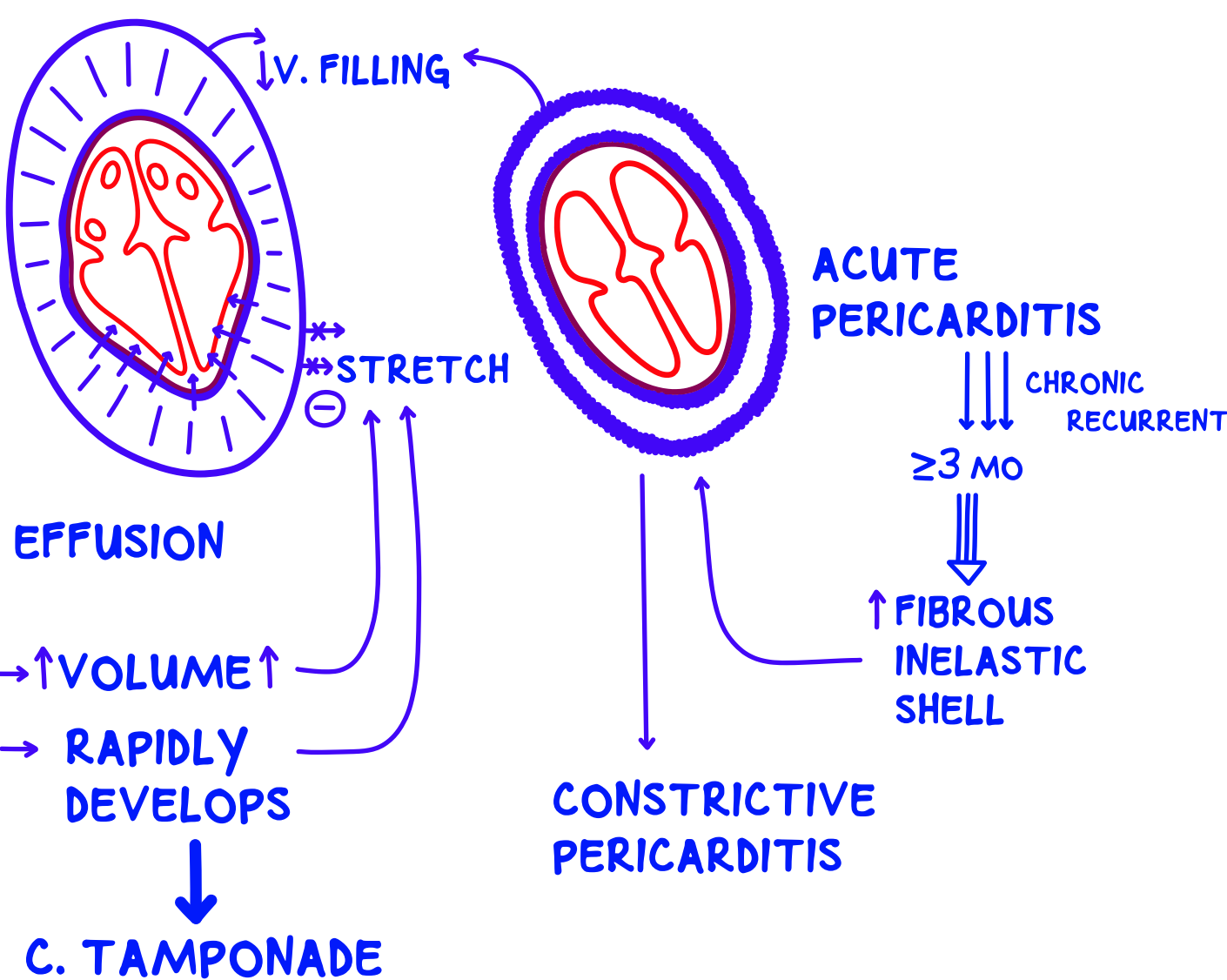
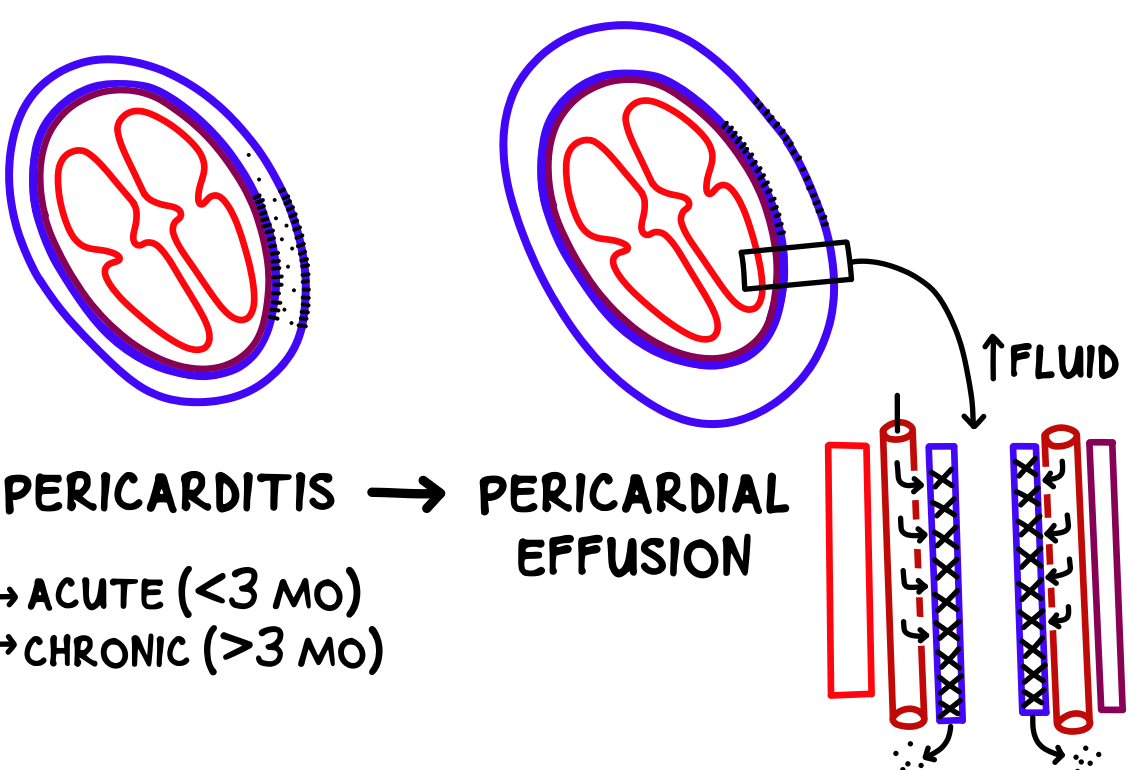


## ANATOMY



1. MYOCARDIUM
2. V. LAYER OF S.P. \*
3. PERICARDIAL CAVITY \*
4. P. LAYER OF S.P. \*
5. F. LAYER OF S.P.

## DISEASE STATES



## CAUSES

### INFECTIOUS

→ COX-B +  
→ SARS-COV<sub>2</sub> +

S. AUREUS  
S. PNA  
MYCO T.B.

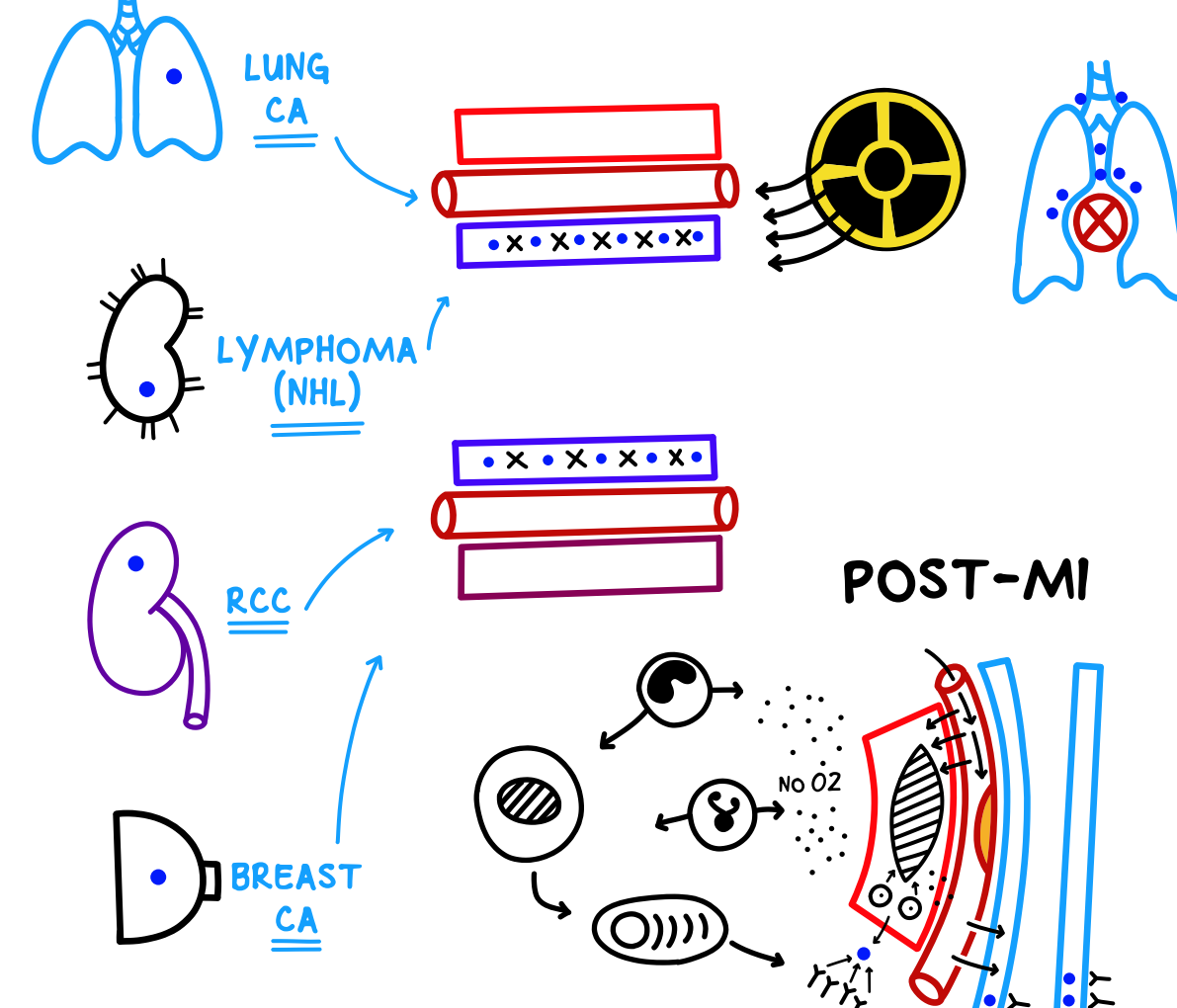
### AUTOIMMUNE

ANA  
RF

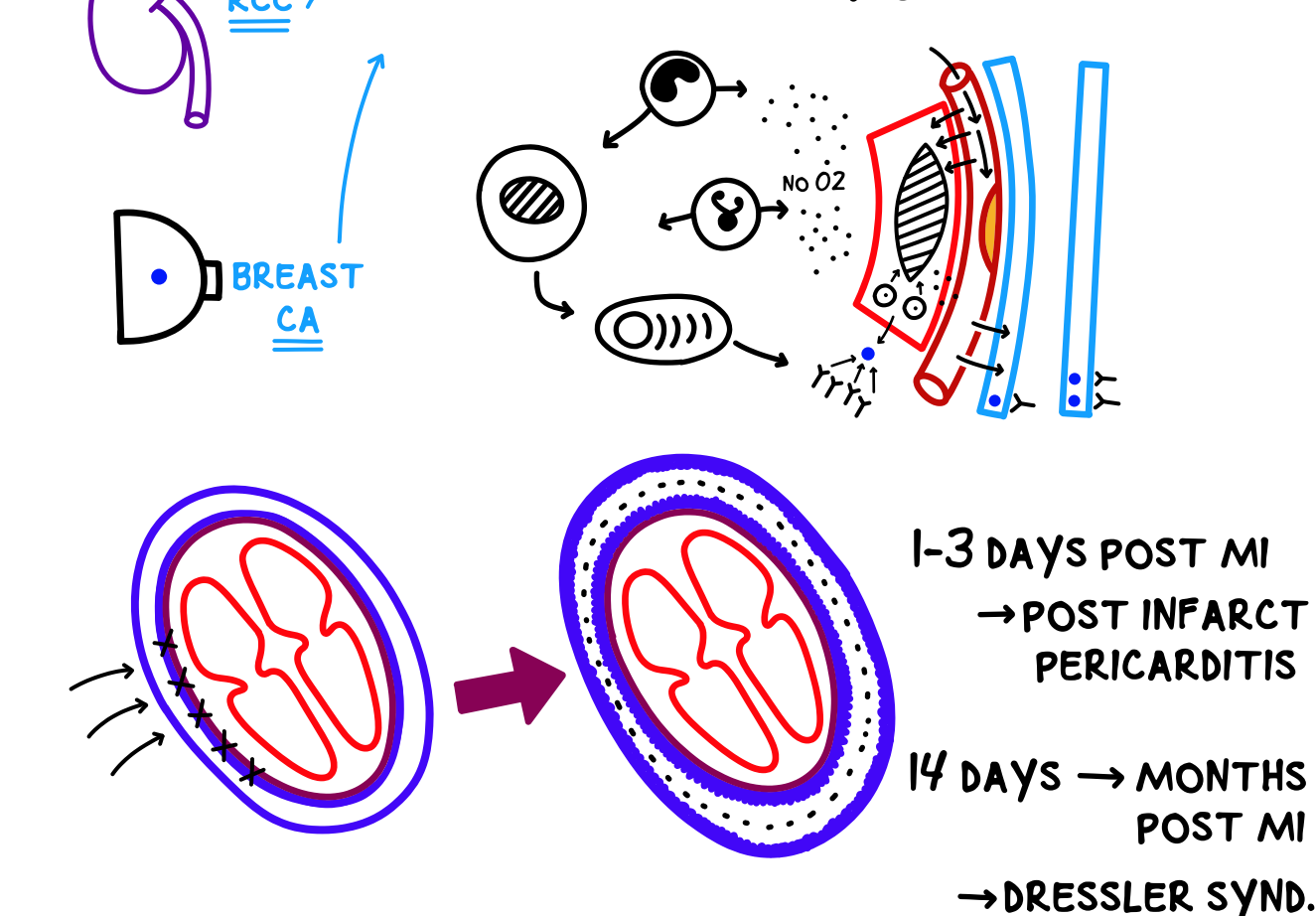
### UREMIA

CKD → ESRD \*  
ON HD  
AKI  
UREA  
CR

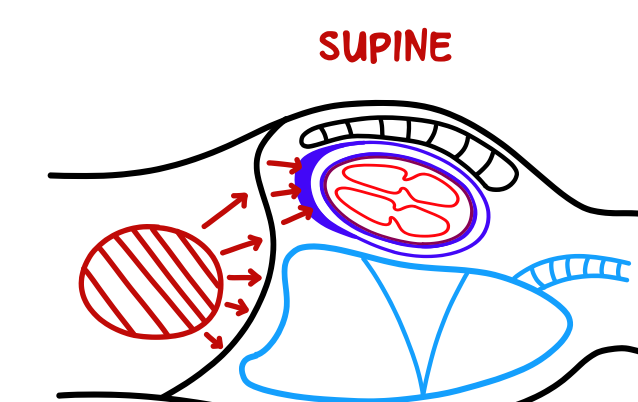
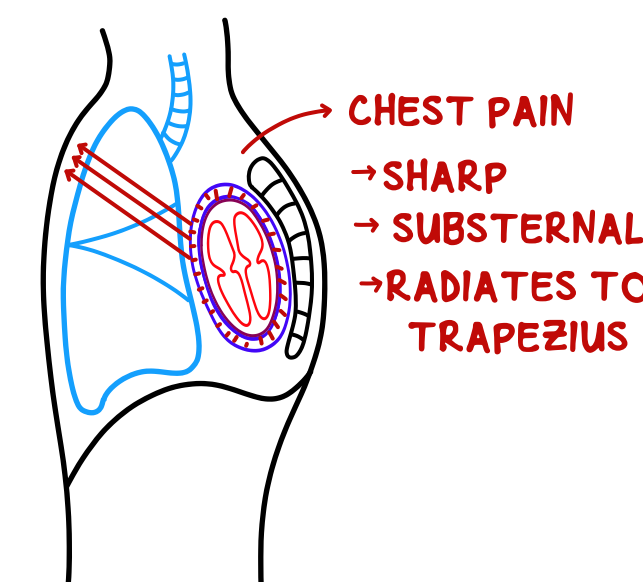
### NEOPLASIA



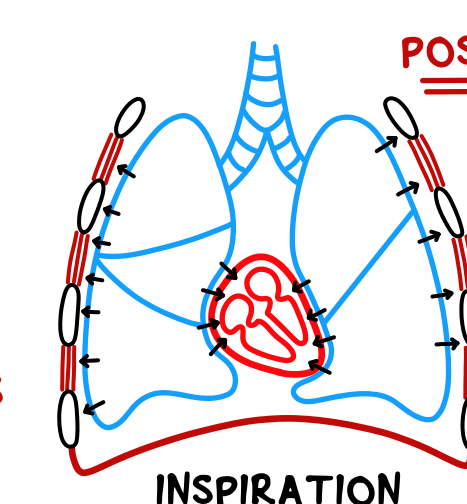
### POST-MI



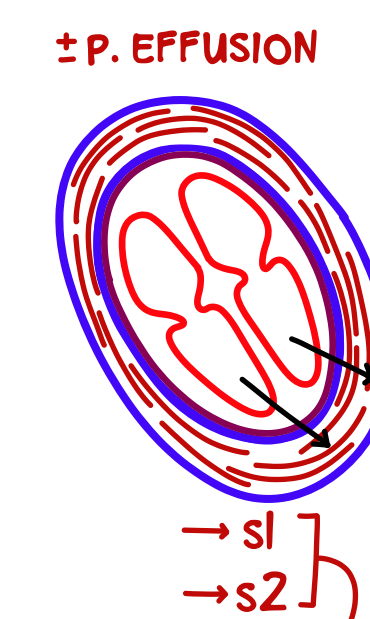
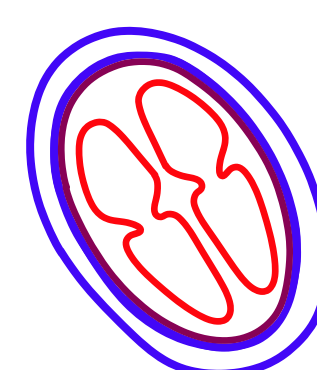
## CLINICAL MANIFESTATIONS & PHYSICAL EXAM



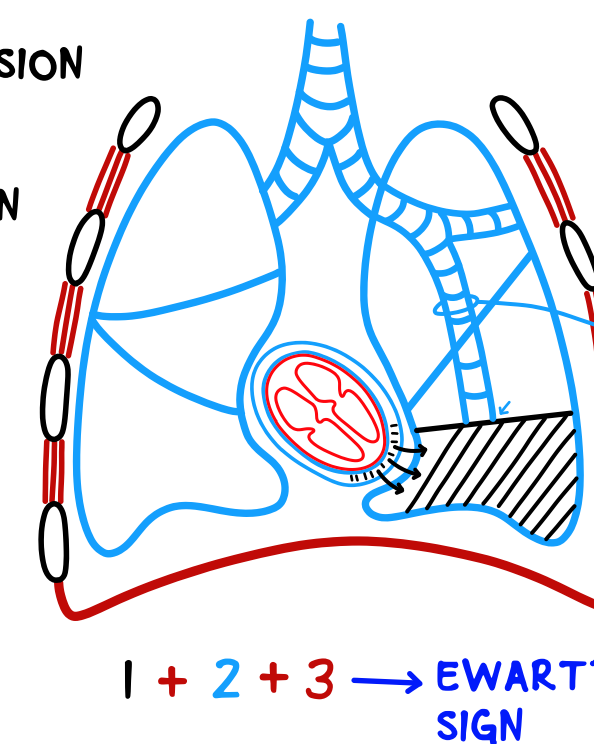
PLEURITIC  
INSPIRATION  
SQUEEZE HEART  
BY INFLATED LUNGS



FRICION RUB  
→ A. SYSTOLE  
→ V. DIASTOLE  
→ V. SYSTOLE

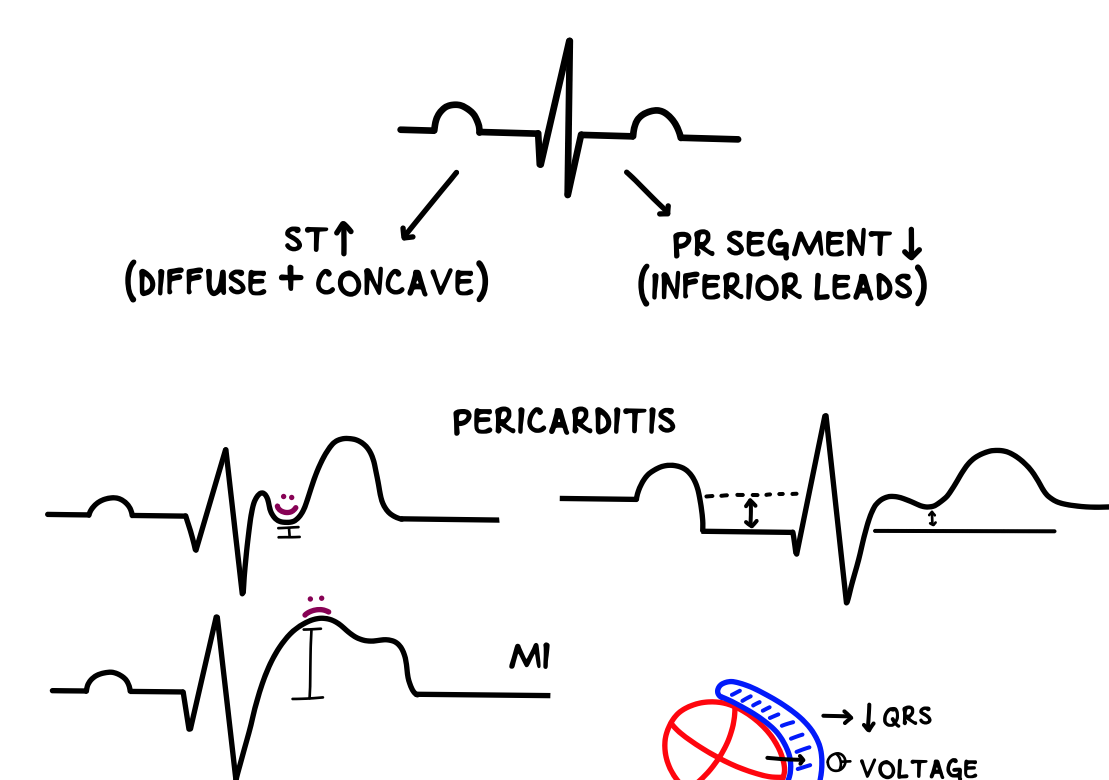


- 1.) DULLNESS TO PERCUSSION (LLB)
- 2.) BRONCHIAL B.S. (LLB)
- 3.) ↑ TACTILE FREMITUS IN (LLB)



## DIAGNOSIS

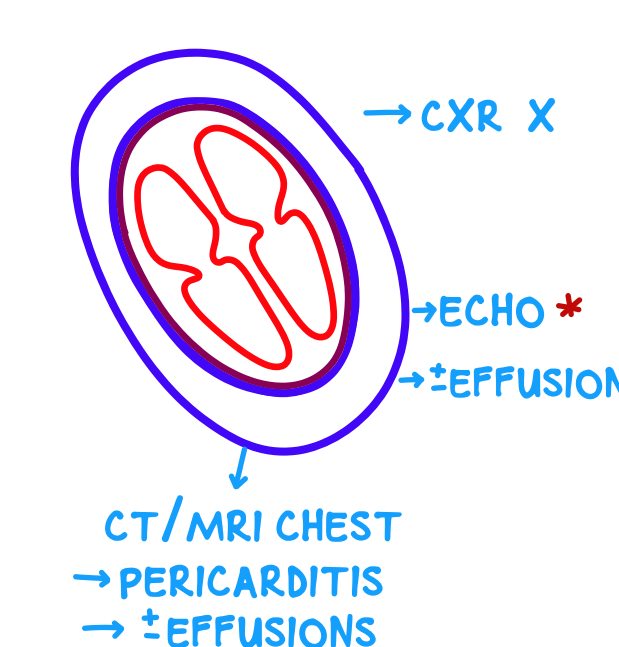
### 12 LEAD ECG



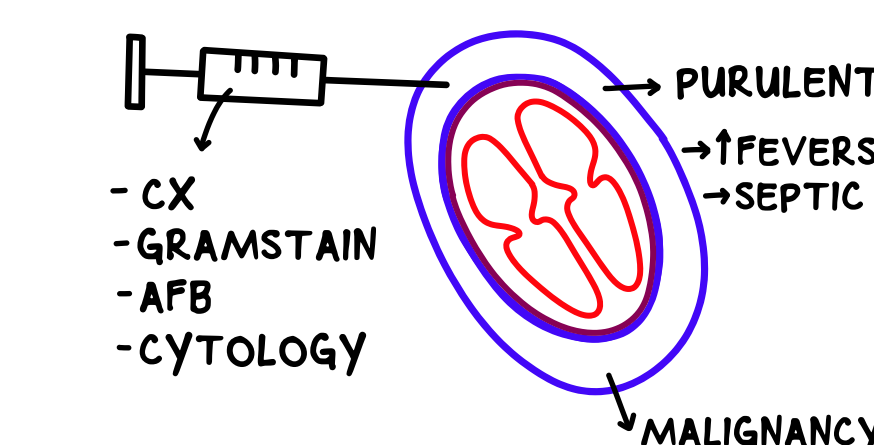
### CRITERIA

- I. CP SPECIFIC FOR PERICARDITIS
- II. FRICTION RUB ⊕
- III. ECG Δ'S (ST↑ + PR↓)
- IV. NEW EFFUSION/ WORSE EFFUSION

### CARDIAC IMAGING



### PERICARDIAL FLUID ANALYSIS



## TREATMENT

### INFLAMMATION

- I. DOSE NSAIDS  
→ IBUPROFEN  
→ INDOMETACIN  
→ ASA (M/C)
- II. COLCHICINE  
→ MICROTUBULES  
→ RECURRENCE OF PERICARDITIS
- III. STEROIDS XXX  
→ UREMIA → ↑ RECURRENCE PERICARDITIS  
→ SLA + RA  
→ CI TO NSAIDS

### INVASIVE TREATMENT

