

# Pericardium - a comprehensive textbook

M. Dekker - The pericardium : a comprehensive textbook (Book, 1997)

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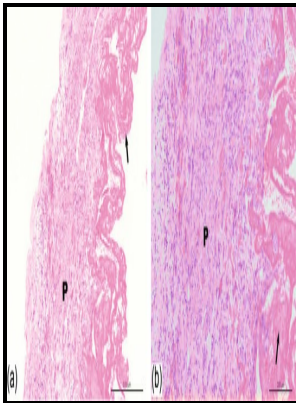
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Notes: Includes bibliographical references and index.

This edition was published in 1997



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## The Pericardium

We will comment on this later in the article.

## The pericardium : a comprehensive textbook : Spodick, David H., 1927

The parietal lamina of the serous pericardium is composed of a monolayer of flattened, squamous-like, mesothelial cells. Noneffusive Sequelae of Pericardial Inflammation: Pericardial Fibrin, Adhesions, Scarring, Calcification -- 15.

## Pericardial Disease

For all these reasons, I decided that the second edition was overdue. The initial dose 40-60 mg of prednisone or equivalent should be maintained while pain, fever, or extensive effusion persist, and then tapered off gradually in order to eliminate them entirely within 4 to 6 weeks.

## Frontiers

Many noteworthy advances in our knowledge of the pericardium, its functions and diseases and their relation to heart failure have been made since the first edition of this book appeared in 1981; and no other book that covers in detail the physiology and pathophysiology has since been published.

## Frontiers

The second concept is also important. Acknowledgments We thank Michael A.

## The pericardium : a comprehensive textbook : Spodick, David H., 1927

Colchicine may be considered as an adjunct to reduce recurrence risk. In this study it was also shown that the diffusion constant of the rabbit parietal pericardium for albumin 0.

**The pericardium : a comprehensive textbook : Spodick, David H., 1927**

We review the current understanding of PMIP for clinicians caring for post-MI patients. The pericardium can also be affected by nonspecific inflammatory processes or conditions secondary to heart disease or systemic disease.

**The Pericardium: A Comprehensive Textbook**

There is general consensus that aspirin is the preferred anti-inflammatory in patients post MI, rather than ibuprofen and other NSAIDs. Stage I consists of a diffuse ST-segment elevation with upward concavity indicative of subepicardial injury and positive T waves. Figure 3 illustrates various degrees of pericardial involvement with late pericarditis and PMIP as compared to normal pericardium.

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