



## General Outlook on Causes and Consequences of Pericarditis

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### DESCRIPTION

The pericardium, the fibrous sac that surrounds the heart, is inflamed in pericarditis. The most common symptom is a sudden onset of sharp chest pain, which may also be felt in the shoulders, neck, or back. The pain is usually milder when sitting up and worse when lying down or breathing deeply. Other pericarditis symptoms include fever, weakness, palpitations, and shortness of breath. Symptoms can sometimes appear gradually rather than abruptly. The cause of pericarditis is frequently unknown, but it is thought to be caused by a viral infection. Other causes include tuberculosis, uremic pericarditis, a heart attack, cancer, autoimmune disorders, and chest trauma.

The presence of chest pain, a pericardial rub, specific electrocardiogram changes, and fluid around the heart all contribute to the diagnosis. A heart attack can cause symptoms similar to pericarditis. In most cases, non-steroidal anti-inflammatory drugs and possibly the anti-inflammatory medication colchicine are used to treat the condition. If these are ineffective, steroids may be used. Symptoms usually go away in a few days or weeks, but they can sometimes last months. Cardiovascular tamponade, myocarditis, and constrictive pericarditis are all possible complications. Pericarditis is a relatively rare cause of chest pain. Every year, approximately 3 out of every 10,000 people are affected. Males between the ages of 20 and 50 are the most commonly affected. Up to 30% of those affected have had multiple episodes.

Pericarditis is distinguished by sub sternal or left precordial pleuritic chest pain radiating to the trapezius ridge. Sitting up or bending forward usually relieves the pain, while lying down or resting worsens it. The pain may be similar to angina, but the difference is that pericarditis pain changes with body position,

whereas heart attack pain is generally constant and pressure-like. Pericarditis can also cause a dry cough, fever, fatigue, and anxiety.

Pericarditis can be misdiagnosed as a heart attack because the pain is similar to that of a myocardial infarction. Acute myocardial infarction can also cause pericarditis, but the symptoms are frequently distinct enough to warrant a diagnosis.

### Physical examinations

A friction rub heard with a stethoscope during a cardiovascular examination, usually on the lower left sternal border, is the classic sign of pericarditis. Other physical signs include a distressed person, positional chest pain, diaphoresis, the possibility of heart failure in the form of pericardial tamponade resulting in pulsus paradoxes, and the Beck's triad of low blood pressure, distant heart sounds, and jugular vein distension.

### Complications

Pericarditis can lead to pericardial effusion and, ultimately, cardiac tamponade. This can be seen in people who have pericarditis but then show signs of relief and progress to show signs of cardiac tamponade such as decreased alertness and lethargy, pulsus paradoxes, low blood pressure, distant heart sounds on auscultation, and equilibration of all diastolic blood pressures on cardiac catheterization due to the fluid constriction of the pericardium.

In such cases of cardiac tamponade, an Electrocardiogram or Holter monitor will show electrical changes indicating wobbling of the heart in the fluid-filled pericardium, and capillary refill may decrease, as well as severe vascular collapse and altered mental status due to hypo perfusion of body organs by a heart that cannot pump out blood effectively.

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