

PERICARDITELE-USOR DE
DIAGNOSTICAT,GREU DE
TRATAT?

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IN MEMORIAM

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MOTTO-UL DR. NICOLAE GHEORGHE:

"Trebuie să îngrijești fiecare pacient ca și cum ar fi un membru al familiei"

SINDROAMELE PERICARDICE

- **INFLAMATIA PERICARDICA**
- Pericardita acuta
- Tamponada pericardica
- Pericardita cronica(lichidiana, efuziv-constrictiva sau constrictiva)

ETIOLOGIE

- **A. Cauze infectioase**

- Virale-Echo, Coxachie, HIV

- Bacteriene-streptococ, stafilococ, proteus

- Fungice-histoplasmoza, candida, aspergilius

- Parazitare

- **B. Cauze non-infectioase**

- Autoimune-LES, Artrita reumatoida, Sclerodermie

- Neoplazice-pulmonar, mamar, limfoame, melanom

- Metabolice-dip insuficienta renala

PERICARDITA ACUTA

- cu sau fara lichid in pericard
- durere de tip pericardic
- frecatura pericardica
- modificari ST sau PR pe EKG
- evidentierea lichidului ecografic
- teste de inflamatie nespecifica pozitive
- Identificare lichid pericardic CT sau RMN

PERICARDITA ACUTA

- EKG
- Ecocardiografie
- Radiografie pulmonara
- Recoltare teste de inflamatie si markeri cardiaci-troponina, creatin-kinaza
- Identificarea factorilor de prognostic negativi-febra inalta, evolutia subacuta, lichid pericardic in cantitate mare, prezenta tamponadei, lipsa de raspuns la AINS, asocierea cu miocardita, traumatisme si terapia anticoagulanta

TRATAMENTUL PERICARDITEI

ACUTE

- Internarea pacientilor cu risc crescut, evaluarea tratamentului cu AINS la o saptamana
- Restrictia activitatii fizice trei saptamani
- ASPIRINA 750-1000 MG/8 ORE-1-2 SAPT
- IBUPROFEN 600MG/8 ORE-1-2 SAPT
- COLCHICINA 0,5 MG SAU 1 G FUNCTIE DE GREUTATEA CORPORALA
- CORTICOTERAPIE-1MG/KGC/ZI

PROGNOSTIC IN PERICARDITA

ACUTA

- Procent crescut de etiologie virala sau idiopatica-
aproximativ 80%-evolutie buna
- Tamponada apare in etiologia neoplazica,tuberculoasa
si in pericardita purulenta
- Pericardita constrictiva apare frecvent in etiologia
bacteriana
- Un procent estimat de 30% dintre pericarditele
idiopatice fara tratament cu Colchicina pot prezenta
persistenta sau recurenta lichidului pericardic

TRATAMENTUL FORMELOR

RECURENTE SI PERSISTENTE

- ASPIRINA 500-1000 MG/6-8 ORE-saptamani-luni, cu scaderea dozelor cu 250-500 mg la 1-2 saptamani
- IBUPROFEN 600 MG/8 ORE-saptamani-luni, cu scaderea dozelor cu 200-400 mg la fiecare 1-2 saptamani
- INDOMETACIN 25-50 MG/8 ORE, sapatamani-luni, cu scaderea dozelor cu 25 mg la fiecare 1-2 saptamani
- COLCHICINA 0,5 MG/ZI 6 LUNI
- CORTICOTERAPIE asociata cu AINS si COLCHICINA
- ATENTIE la comorbiditati, reactii adverse ale

MIOPERICARDITA

- Cresterea troponinei si CK-MB asociata cu semnele clasice de pericardita-virusuri cardiotrope, dar posibil si asociat cu conectivite, boli inflamatorii intestinale
- Coronarografie, RMN cardiac-utilitate
- Terapie empirica-Aspirina 1500-3000 mg/zi, Ibuprofen-1200-2400 mg/zi, corticoterapie-linia a doua.
- Date insuficiente pentru colchicina
- Risc mare de moarte subita la soldatii ce desfasoara activitate fizica intensa, atleti, inotatori, fotbalisti
- Evitarea efortului fizic 6 luni!

PERICARDITA EFUZIVA

- CLASIFICARE
- Acut, subacut, cronic
- Mic (<10 mm), moderat (10-20 mm), mare (>20 mm)
- Circuferential, localizat
- Transudat, exudat
- Asimptomatica-procent semnificativ
- Multe idiopatice >50%, neoplazice, infectioase, iatrogene, boli de colagen
- Etiologia TBC in crestere!

MANAGEMENT PERICARDITA

EFUZIVA

- Prezența/absența tamponadei cu/fără semne inflamatorii, a patologiei cardiace sau sistemice
- În colecțiile cronice fără etiologie definită - nu sunt date pentru utilizarea AINS, colchicina și corticoterapie
- Dacă markerii de inflamație sunt crescuți - AINS +/- Colchicina cu/fără corticoterapie

TAMPONADA CARDIACA

ETIOLOGIE

- Neoplasme
- Pericardite
- Iatrogene
- Traumatica
- Boli de colagen
- Postinfarct miocardic
- Uremica
- Disectia de aorta
- Infectii bacteriene

TAMPONADA CARDIACA-

DIAGNOSTIC SI TRATAMENT

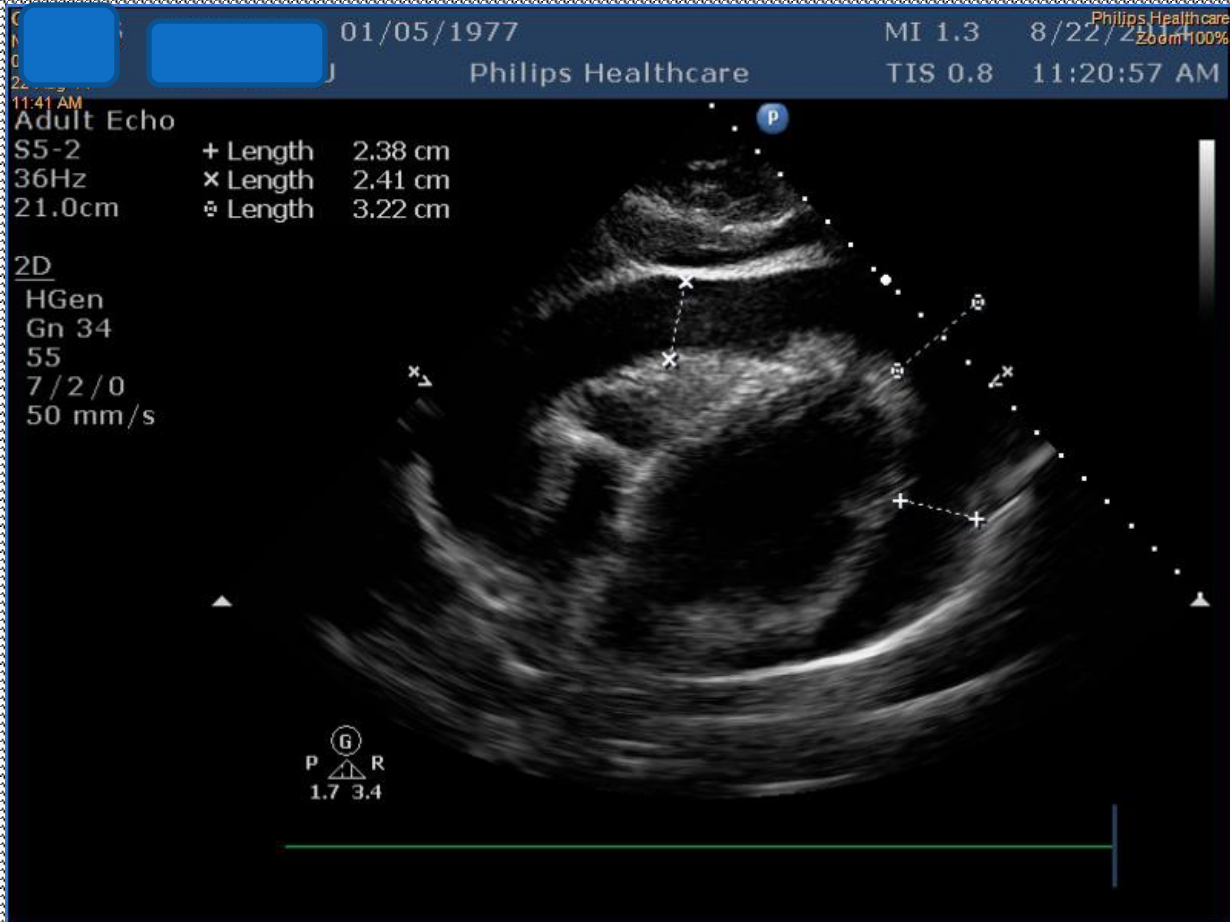
- CLINIC-dispnee, ortopnee, tuse, tahicardie, PULS PARADOXAL
- EKG-alternanta electrica, hipovoltaj
- Eco-swinging heart, pseudoSAM, colapsul peretelui liber AD, colaps diastolic al VD, dilatarea venei cave inferioare, scaderea fluxului transmitral in inspir si cresterea in expir, scaderea componentei diastolice a fluxului in venele pulmonare in inspir si a componentei diastolice in venele hepatice in expir
- PERICARDIOCENTEZA

PERICARDITA CONSTRICTIVA

- Forma de pericardita in care exista un proces de fibroza, calcificare si aderare la nivelul pericardului parietal si visceral, cu efect compresiv asupra cordului
- Clinic=dispnee, ortopnee, tuse, hepatalgii, congestie sistemica
- EKG, ecocardiografie, CT, RMN
- Tratament=medical, de electie PERICARDIECTOMIE

IMAGISTICA PERICARDITELOR

- Radiografia pulmonara
- Ecocardiografia
- Computer tomograf
- Rezonanta magnetica nucleara
- PETCT
- Catetetrism cardiac



PHILIPS

01/05/1977

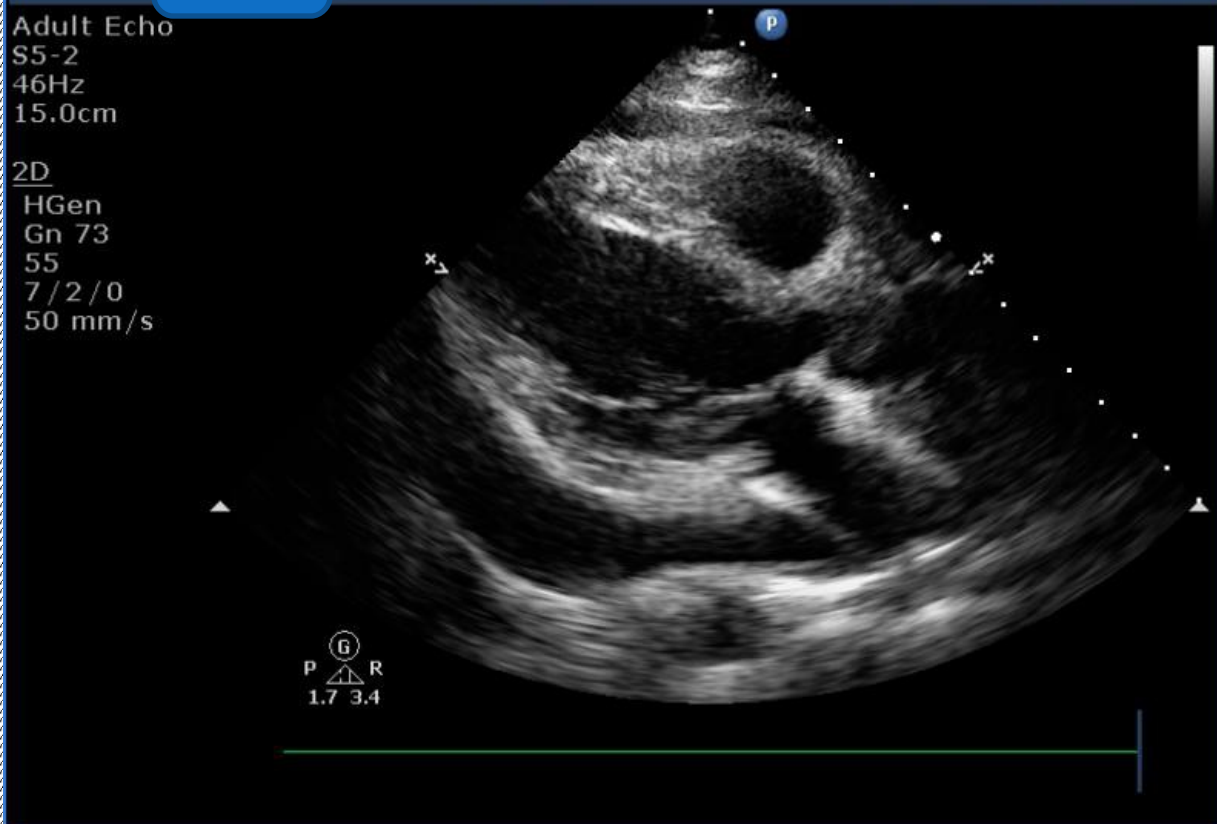
MI 1.3 8/22/2014

Philips Healthcare

TIS 0.6 11:08:27 AM

Adult Echo
S5-2
46Hz
15.0cm

2D
HGen
Gn 73
55
7/2/0
50 mm/s



PHILIPS

01/05/1977

MI 0.9

8/22/2014

Philips Healthcare

TIS 0.2

11:28:45 AM

Abd Gen
C5-1
31Hz
19.0cm

+ Length 2.56 cm

2D
HGen
Gn 87
56
3/3/3



19.0cm

PHILIPS [redacted] 1/05/1977 Philips Healthcare MI 0.9 8/22/2014
TIS 0.2 11:30:41 AM

Abd Gen
C5-1 + Length 3.12 cm
31Hz
19.0cm

2D
HGen
Gn 100
56
3/3/3

LICHID PLEURAL STANG

19.0cm

PHILIPS

01/05/1977

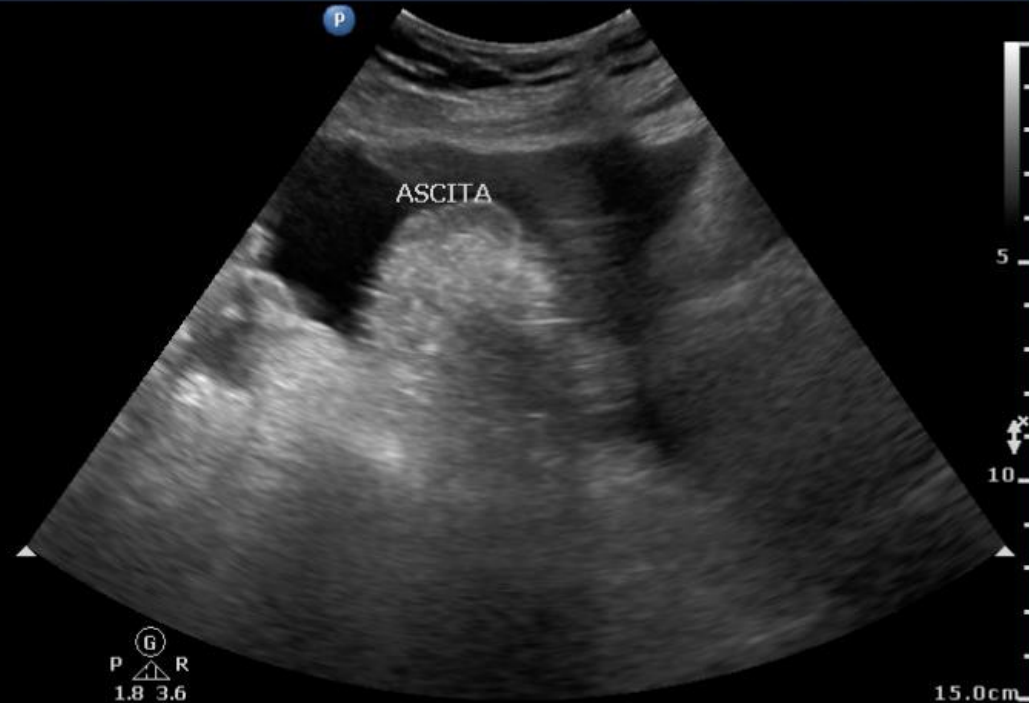
MI 1.1 8/22/2014

Philips Healthcare

TIS 0.2 11:32:05 AM

Abd Gen
C5-1
37Hz
15.0cm

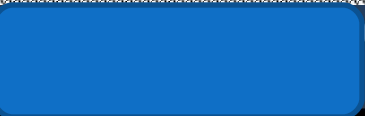
2D
HGen
Gn 69
56
3/3/3



P R
1.8 3.6

15.0cm

GN
02
11



01/05/1977

MI 1.3

8/22/2017

Philips Healthcare
Zoom 100%

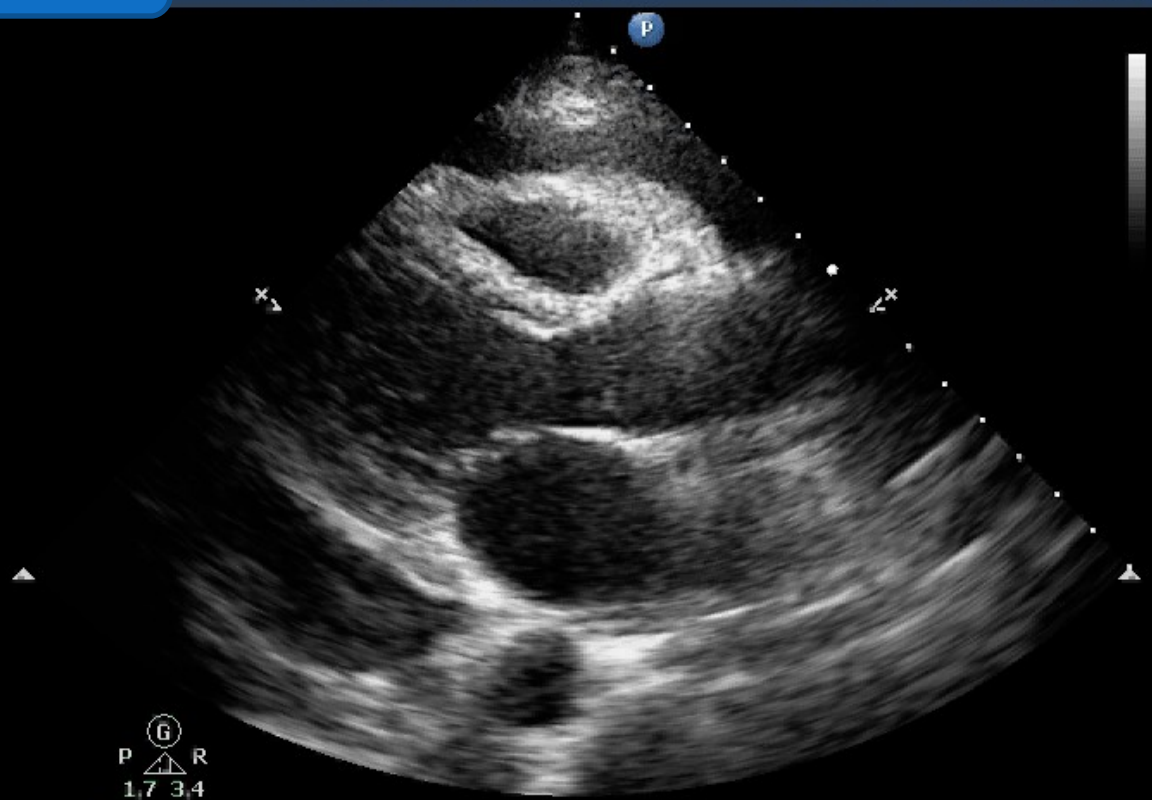
Philips Healthcare

TIS 0.6

11:08:53 AM

Adult Echo
S5-2
46Hz
15.0cm

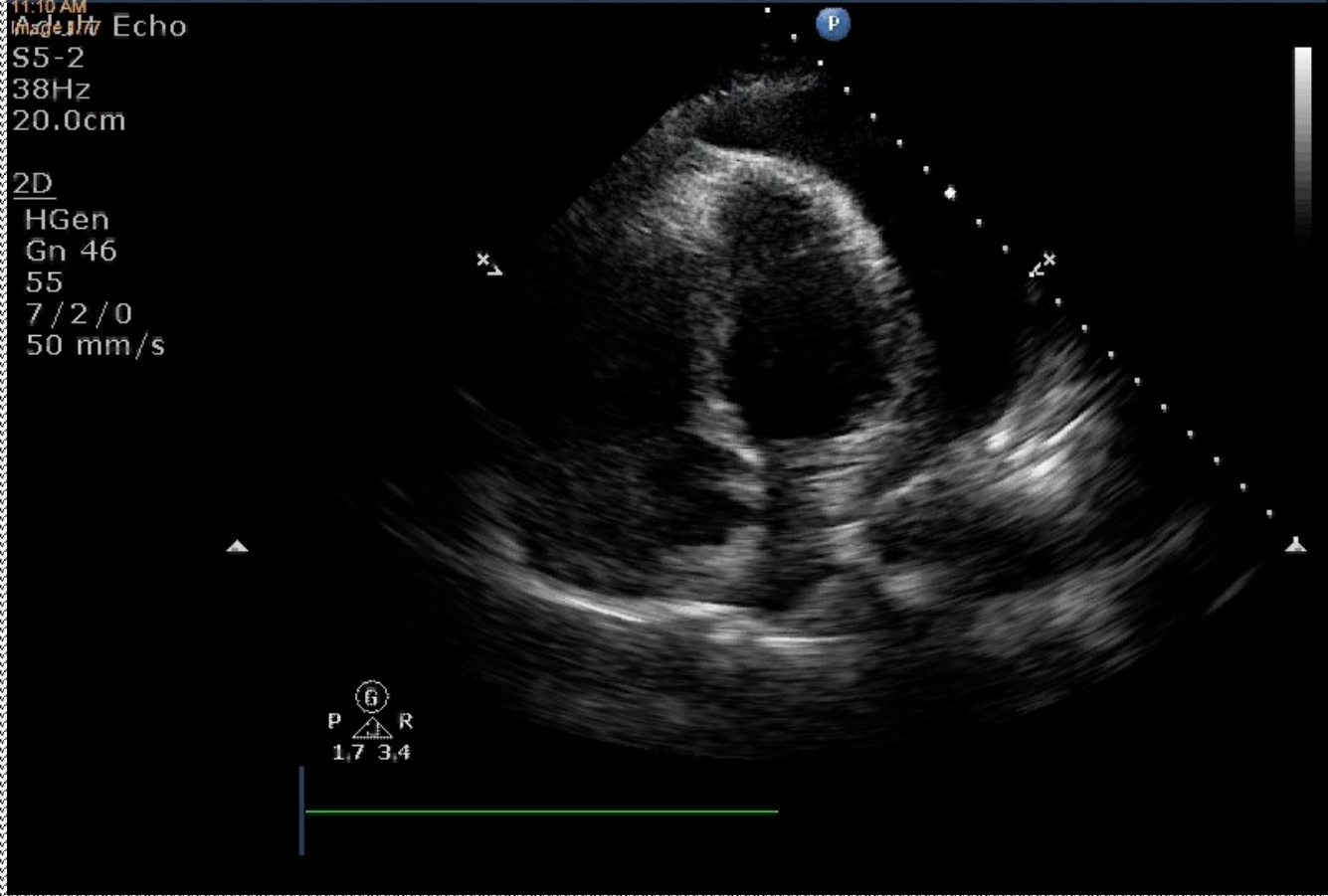
2D
HGen
Gn 73
55
7/2/0
50 mm/s



C N 01/05/1977 Philips Healthcare MI 1.3 8/22/2017
22-nov-14 Zoom 100%
11:10 AM
11:10 AM Philips Healthcare TIS 0.6 11:10:54 AM

Adult Echo
S5-2
38Hz
20.0cm

2D
HGen
Gn 46
55
7/2/0
50 mm/s



CAZUL NUMARUL1-DUPA

PERICARDIOCENTESA

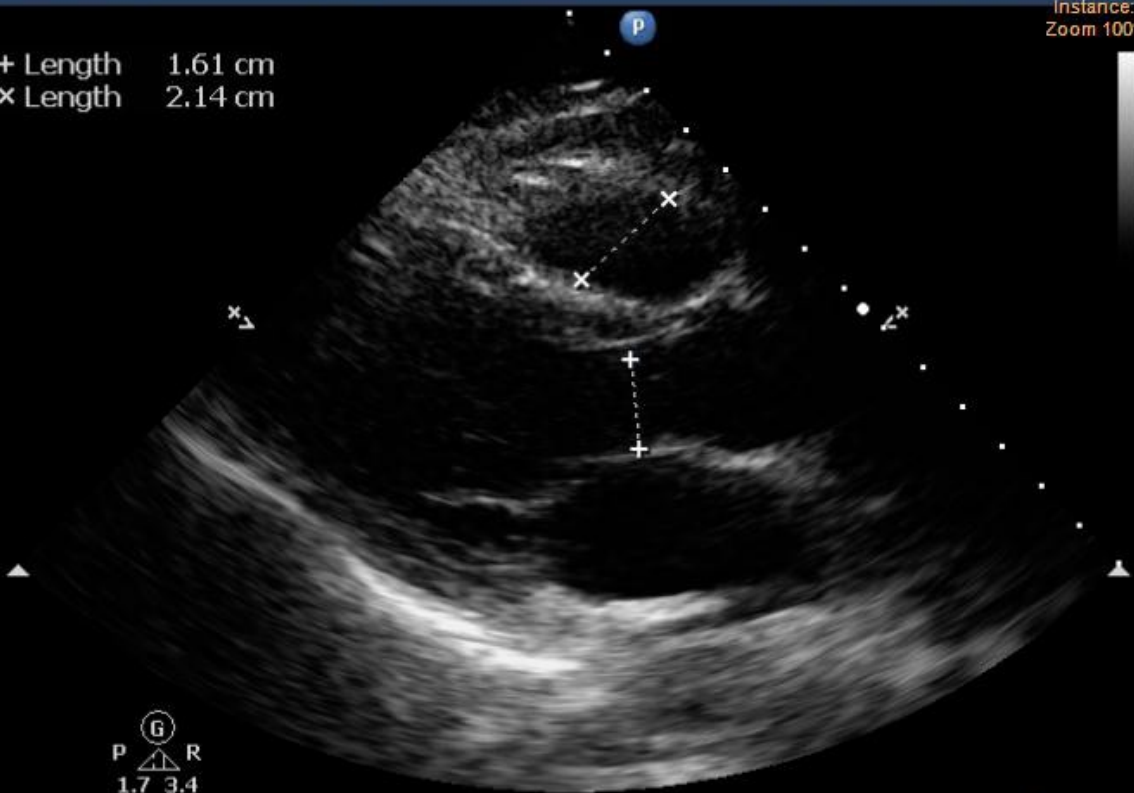
CO

01/05/1977 Philips Healthcare MI 1.3 4/3
TIS 0.6 8:18:32 AM 1

Philips Healthcare
US - PALETTE COLOR
Study ID 7776
Instance: 3
Zoom 100%

Adult Echo
S5-2 + Length 1.61 cm
46Hz x Length 2.14 cm
14.0cm

2D
HGen
Gn 65
55
7/2/0
50 mm/s



P
x
x
+

P
R
1.7 3.4

CAZUL NUMARUL 2-IMAGINEA

1

V [REDACTED] 06/1953 Philips Healthcare MI 1.3 7/31/2010 Philips Healthcare Zoom 100%
F [REDACTED]
C [REDACTED]
S [REDACTED] Philips Healthcare TIS 0.7 9:09:44 AM

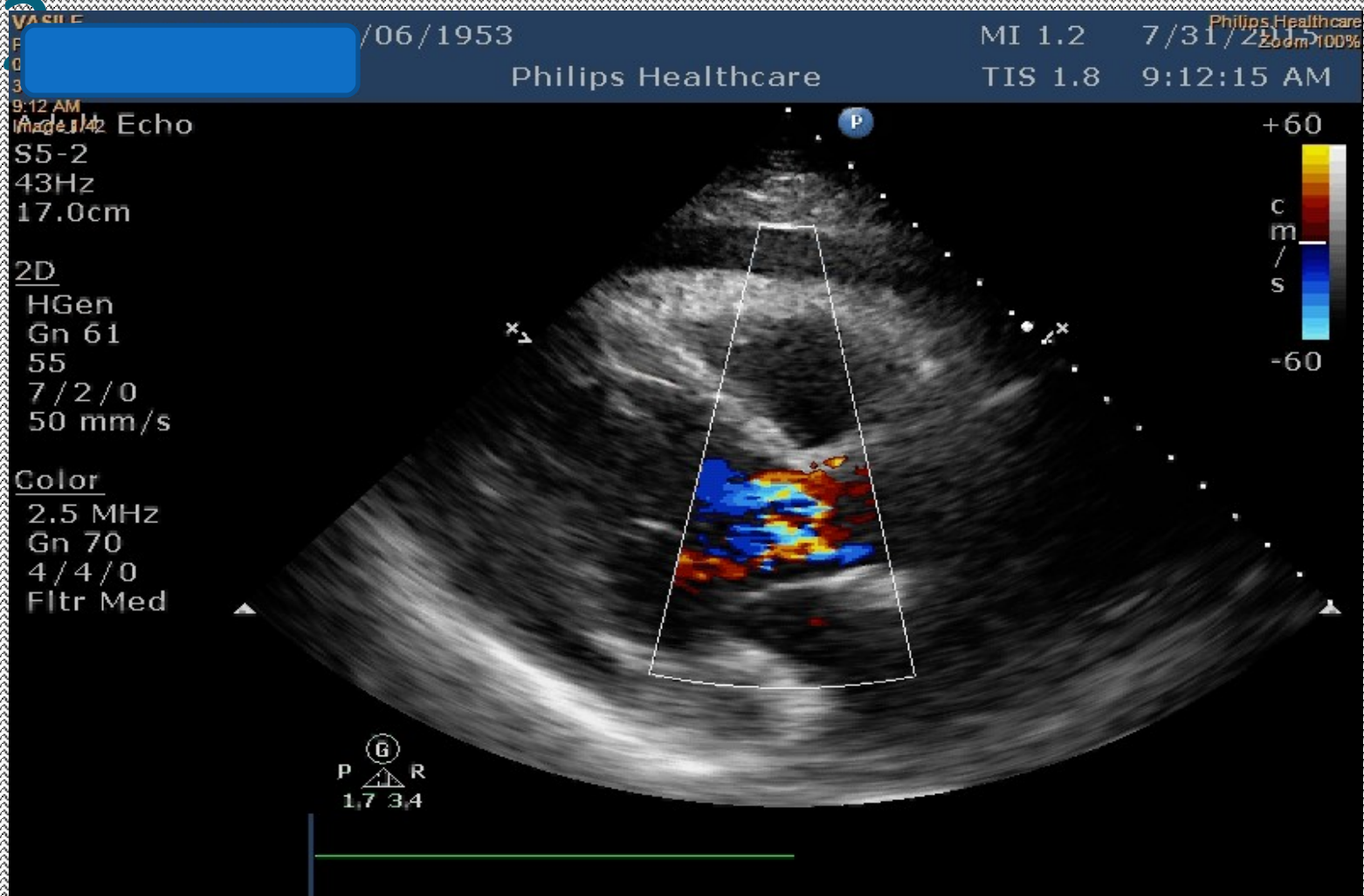
9:09 AM
Image Echo
S5-2
43Hz
17.0cm

2D
HGen
Gn 61
55
7/2/0
50 mm/s



G
P
P

CAZUL NUMARUL 2-IMAGINEA



CAZUL NUMARUL 2-IMAGINEA

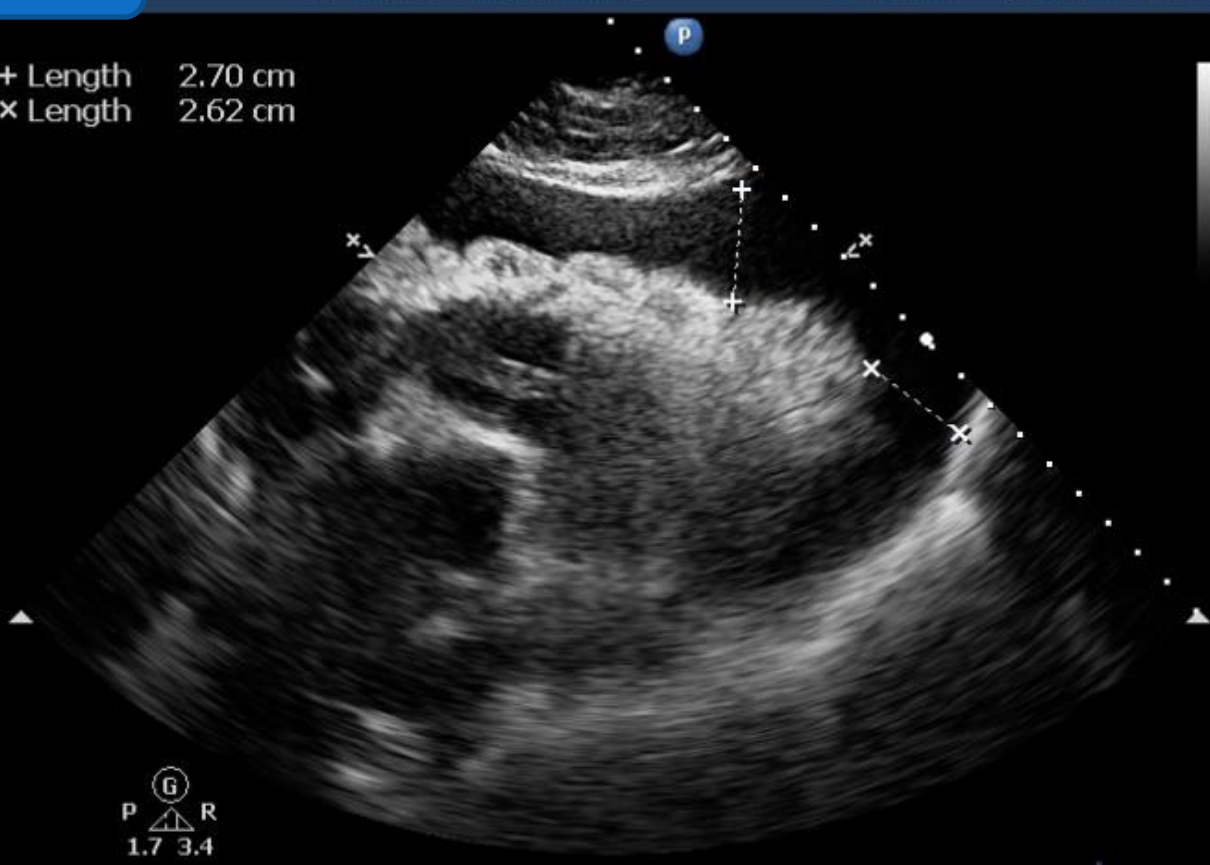
3

9.21 cmw

Philips Healthcare
MI 1.3 7/31/2015
TIS 0.5 9:18:13 AM
Zoom 100%

Adult Echo
S5-2 + Length 2.70 cm
38Hz x Length 2.62 cm
20.0cm

2D
HGen
Gn 53
55
7/2/0
50 mm/s

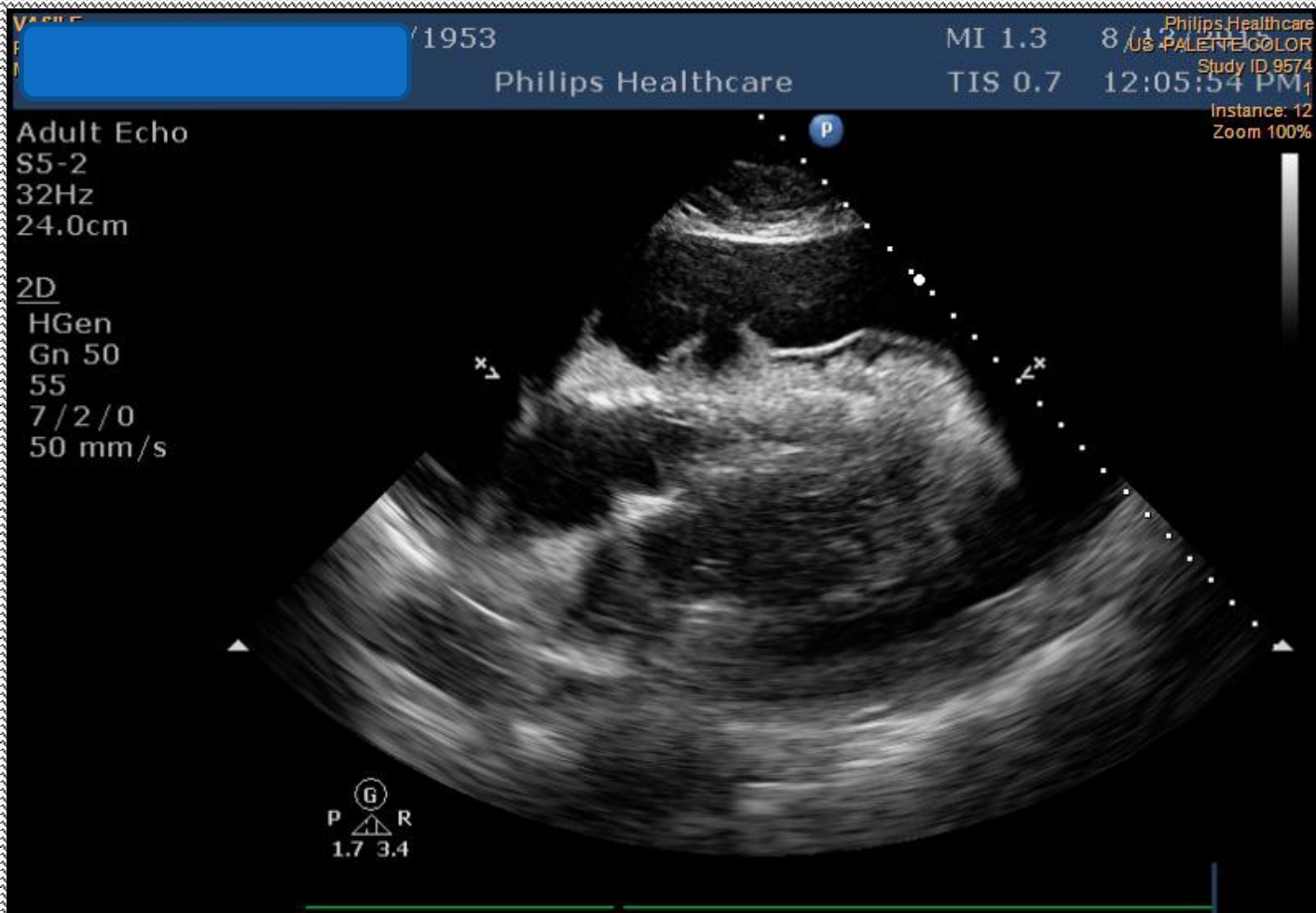


P
1.7 3.4

Detailed description: This is a B-mode echocardiogram image. The image shows a cross-section of the heart, likely the left ventricle, with a blue 'P' marker at the top. Several white measurement lines with crosshair markers are drawn across the image to indicate dimensions. The image is displayed in a dark, grayscale format typical of medical ultrasound. The text on the left side of the image provides technical specifications for the scan, including the probe type (S5-2), frequency (38Hz), and gain settings (Gn 53, 55). The text at the top right includes the Philips Healthcare logo, MI 1.3, TIS 0.5, and the date and time of the scan (7/31/2015, 9:18:13 AM). The text at the bottom left includes a 'G' in a circle, 'P R', and the numbers '1.7 3.4'.

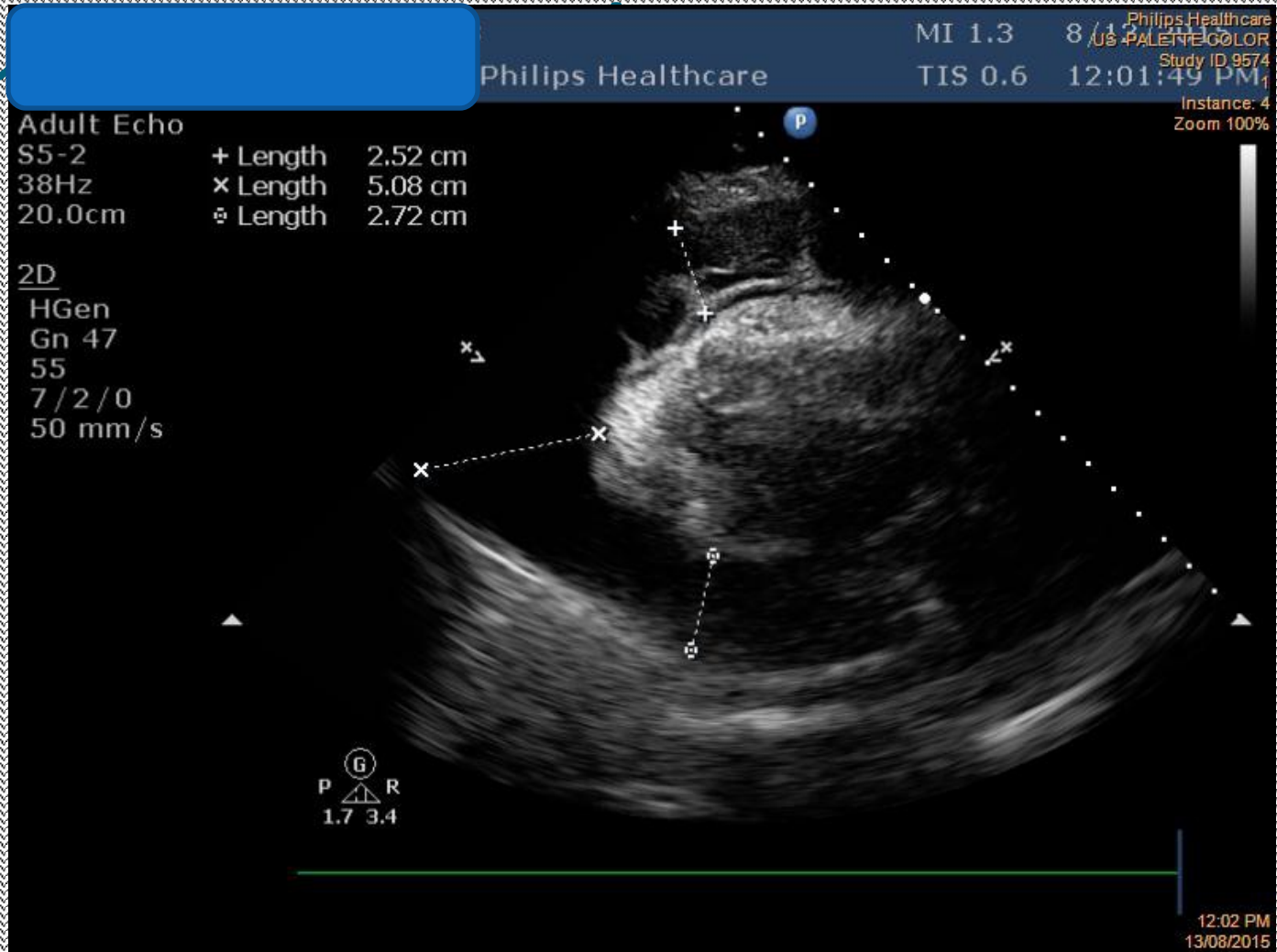
CAZUL NUMARUL 2-IMAGINEA

4
du



CAZUL 2 IMAGINEA 5 dupa

dou

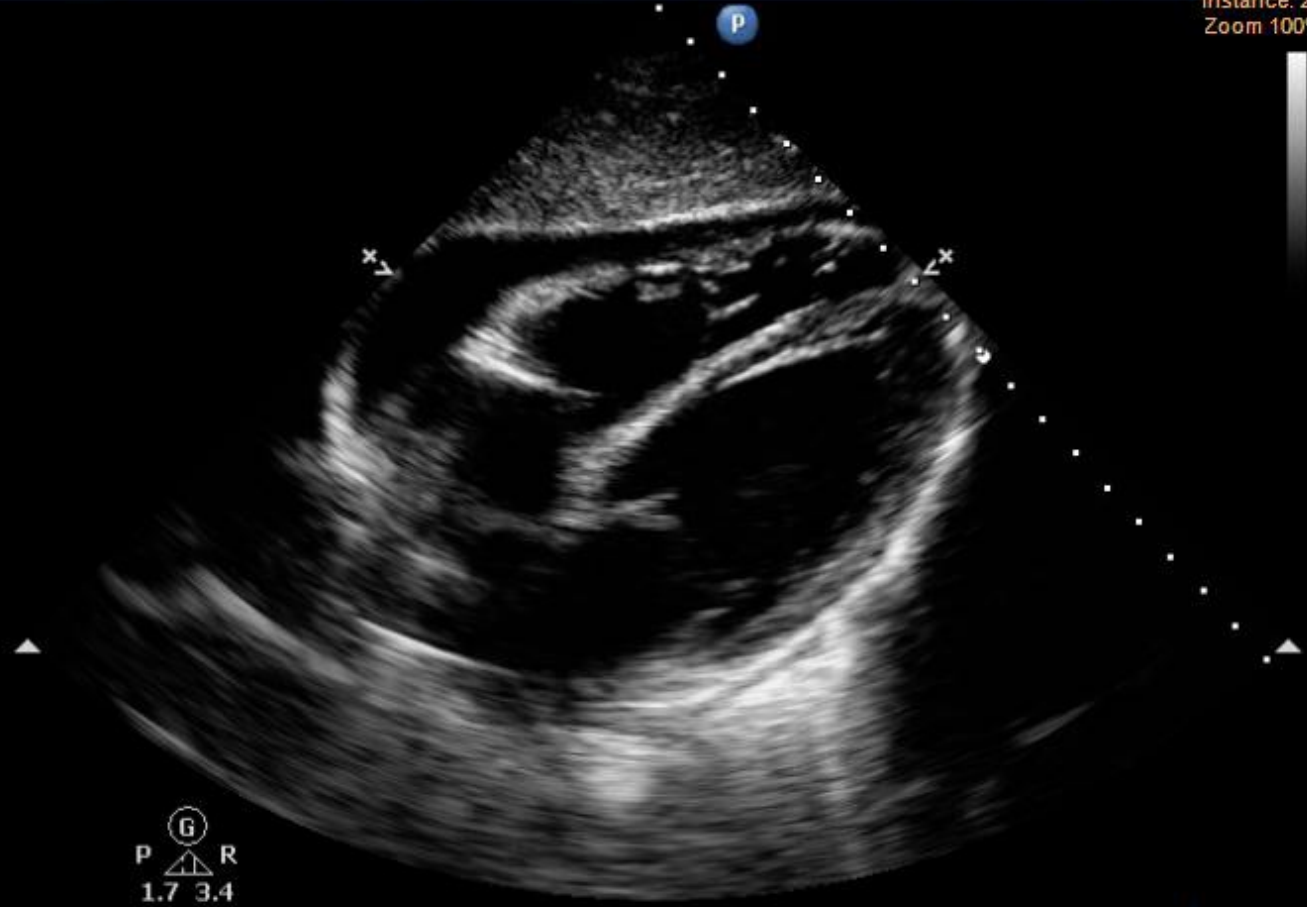


CAZIU NIIMADII 2 IMAGINEA

MI 1.3 6/16/2015 Philips Healthcare
TIS 0.5 10:45:11 AM Study ID 8533
Instance: 21 Zoom 100%

1 Adult Echo
S5-2
39Hz
19.0cm

2D
HGen
Gn 57
55
7/2/0
50 mm/s



G
P R
1.7 3.4

CAZUL NUMARUL3-IMAGINEA

2

08/01/1980 Philips Healthcare MI 1.3 7/1/15 Philips Healthcare
TIS 0.4 1:15:02 PM 1
Study ID 9062 Instance: 32 Zoom 100%

Adult Echo
S5-2 + Length 0.955 cm
43Hz
17.0cm

2D
HGen
Gn 69
55
7/2/0
50 mm/s

LICHID PERICARDIC

P
1.7 3.4

1:15 PM
14/07/2015

CONCLUZII

- Anamneza, examenul obiectiv, EKG, ecocardiografia, radiografia pulmonara, analizele de rutina, testele de inflamatie, CK, troponina, se recomanda tuturor pacientilor cu pericardita
- Identificarea pericarditelor bacteriene-in special TBC, a celor neoplazice si din bolile sistemice
- Examinarea CT si RMN-de ajutor
- Pericardiocenteza in caz de tamponada, pericardita bacteriana, neoplazica
- Analiza lichidului pericardic-reactia
Bialta celularitate, culturi aerobe anaerobe PCR

CONCLUZII 2

- Folosirea Colchicinei, AINS si corticoterapiei conform indicatiilor de ghid
- Supravegherea clinica si ecografica pentru prevenirea recurentelor
- Etiologia virala si idiopatica atinge un procent de 80-90% din totalul pericarditelor

