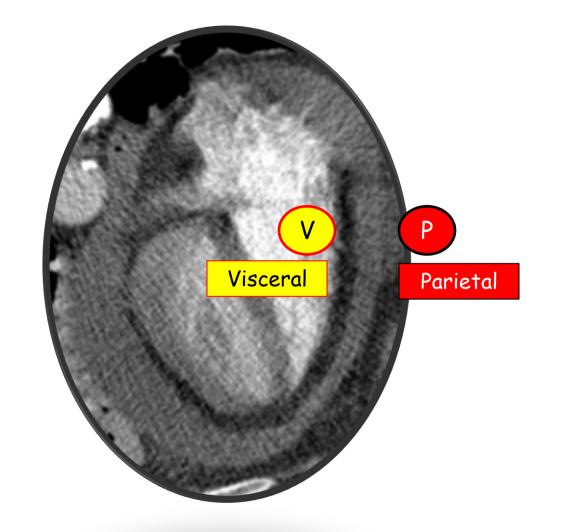


<u>Cardiology</u>: Diseases of the Pericardium for USMLE Step One

Howard J. Sachs, MD www.12DaysinMarch.com



Acute Pericarditis (Cardiac) Tamponade Physiology

Constrictive Pericarditis Pericardial Effusion

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Acute Pericarditis (Cardiac) Tamponade Physiology

Constrictive Pericarditis Pericardial Effusion

- Not really tested as a stand alone condition
- Associated with a number of diseases:
 - > Autoimmune (e.g. SLE, RA)
 - > Infection, Tumor
- May be a clue or described in context of other disease processes

Acute Pericarditis (Cardiac) Tamponade Physiology

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- · Virtually all patients will be described with positional chest pain
- '3-phase' friction rub

Acute Pericarditis (Cardiac) Tamponade Physiology

Constrictive Pericarditis

- Virtually all patients will be described with positional chest pain
- '3-phase' friction rub

If these are not present, you should be thinking about another diagnosis

Acute Pericarditis (Cardiac) Tamponade Physiology

- Shock
- Pulsus Paradoxus

Acute Pericarditis (Cardiac)
Tamponade
Physiology

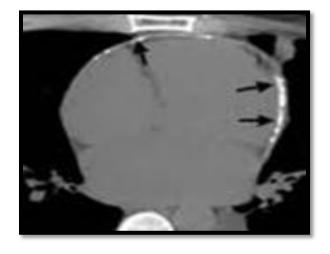


- Shock
- Pulsus Paradoxus

Acute Pericarditis (Cardiac) Tamponade Physiology

- Pericardial Knock/Pericardial Calcification
- Predisposing condition (e.g. Radiation Therapy)
- Kussmaul's Sign

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The Language of Pericardial Disorders

Acute Pericarditis (Cardiac) Tamponade Physiology

- Virtually all patients will be described with positional chest pain
- '3-phase' friction rub

- Shock
- Pulsus Paradoxus
 - Pericardial Knock/Pericardial Calcification
 - Predisposing condition (e.g. Radiation Therapy)
 - Kussmaul's Sign

Acute Pericarditis

(positional chest pain, friction rub)

- When to Suspect?
 - Viral Infection
 - Acute MI (days 1-3)
 - Post-Cardiac Injury (~4-12 weeks; Dressler's syndrome)

Acute Pericarditis

(positional chest pain, friction rub)

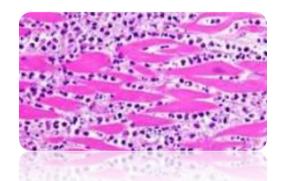
- When to Suspect?
 - Viral Infection
 - Coxsackie (exposure): Hand-Foot-Mouth disease
 - Acute MI (days 1-3)
 - Post-Cardiac Injury (~4-12 weeks; Dressler's syndrome)



Coxsackie virus:

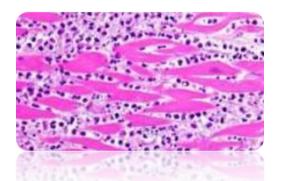
Non-polio enterovirus Picornavirus (pico = small) Naked, SS, RNA

- When to Suspect?
 - Viral Infection
 - Coxsackie (exposure): Hand-Foot-Mouth disease
 - Acute MI (days 1-3)
 - Neutrophilic phase (transmural MI)
 - Post-Cardiac Injury (~4-12 weeks; Dressler's syndrome)



Fibrinous Pericarditis

- When to Suspect?
 - Viral Infection
 - Coxsackie (exposure): Hand-Foot-Mouth disease
 - Acute MI (days 1-3)
 - Neutrophilic phase (transmural MI)
 - Post-Cardiac Injury (~4-12 weeks; Dressler's syndrome)

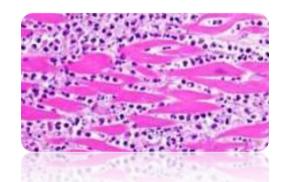


Fibrinous Pericarditis

FYI...

Myopericarditis: the epicardium may manifest injury

- When to Suspect?
 - Viral Infection
 - Coxsackie (exposure): Hand-Foot-Mouth disease
 - Acute MI (days 1-3)
 - Neutrophilic phase (transmural MI)
 - Post-Cardiac Injury (~4-12 weeks; Dressler's syndrome)





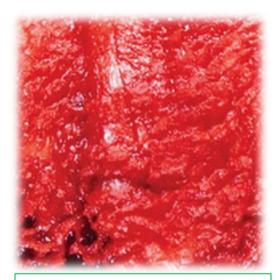
Immune complex mediated reaction to Myocardial Antigens

- What are the 'must knows?'
 - Pericardial Friction Rub
 - EKG lacks reciprocal changes

Acute Pericarditis

(positional chest pain, friction rub)

- What are the 'must knows?'
 - Pericardial Friction Rub
 - · Best heard sitting forward
 - End expiration
 - Three Phase or Scratchy
 - Not a murmur; these are sounds
 - EKG lacks reciprocal changes



Fibrinous Pericarditis

Acute Pericarditis

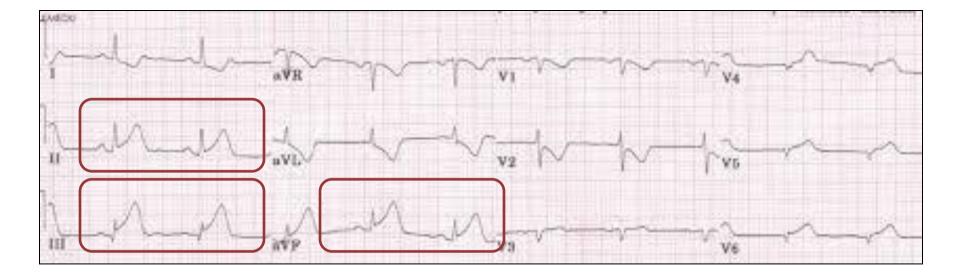
(positional chest pain, friction rub)

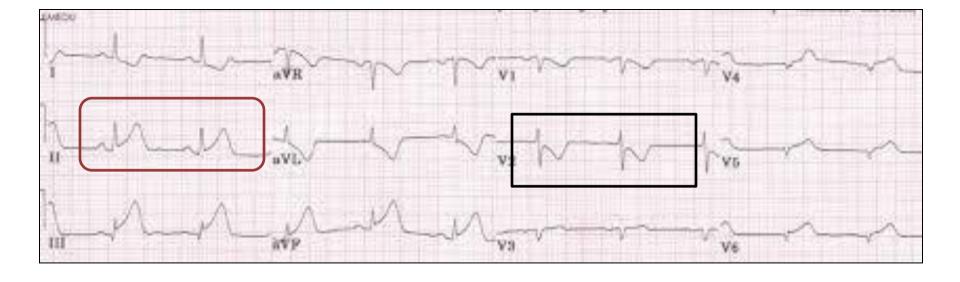
- What are the 'must knows?'
 - Pericardial Friction Rub
 - EKG lacks reciprocal changes

Front (Anterior) Wall

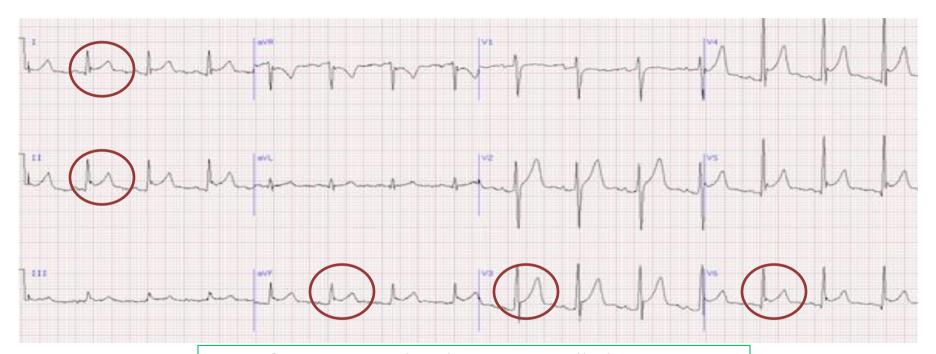
Back (Posterior) Wall

Normal Reciprocal Changes in Myocardial Ischemia



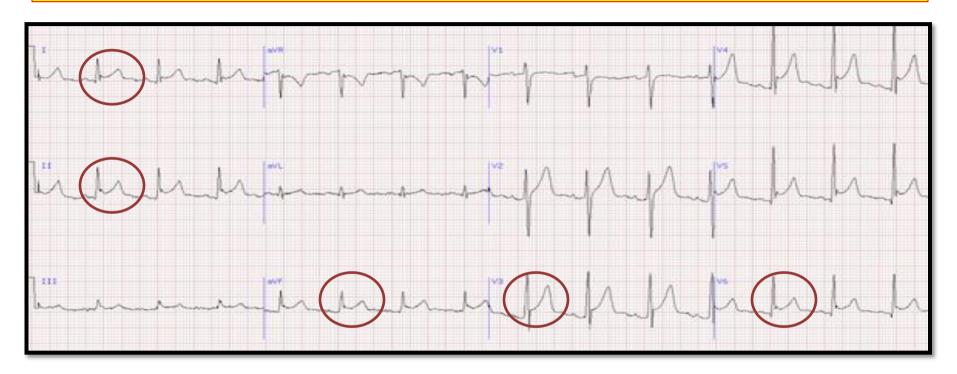


What is wrong here? Elevated ST segments w/o reciprocal Δ ?

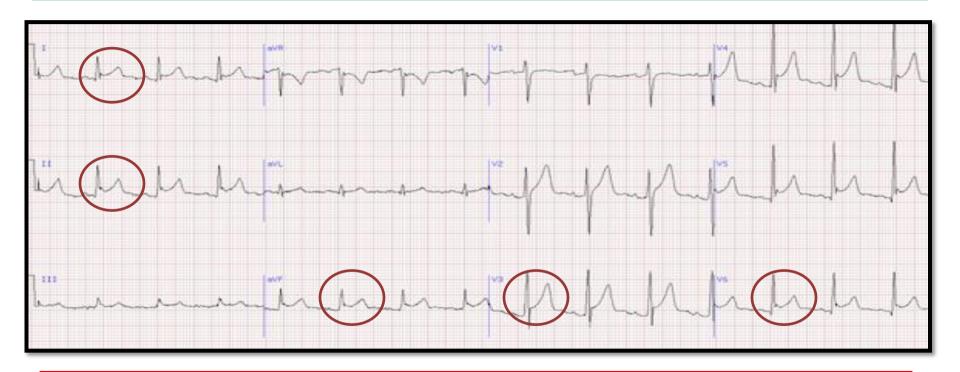


Inferior, Lateral and Anterior wall elevations? We have ST segment elevations everywhere? What's up with that???

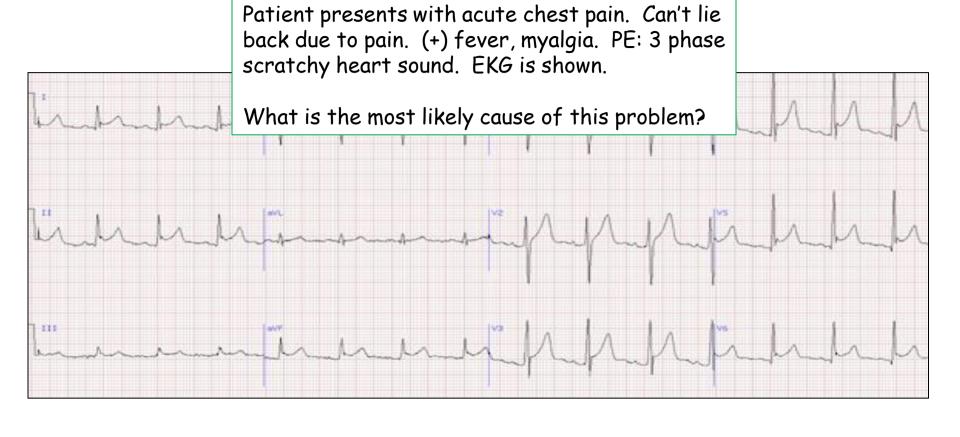
EKG Language of Acute Pericarditis: ST segment elevations lacking reciprocal changes

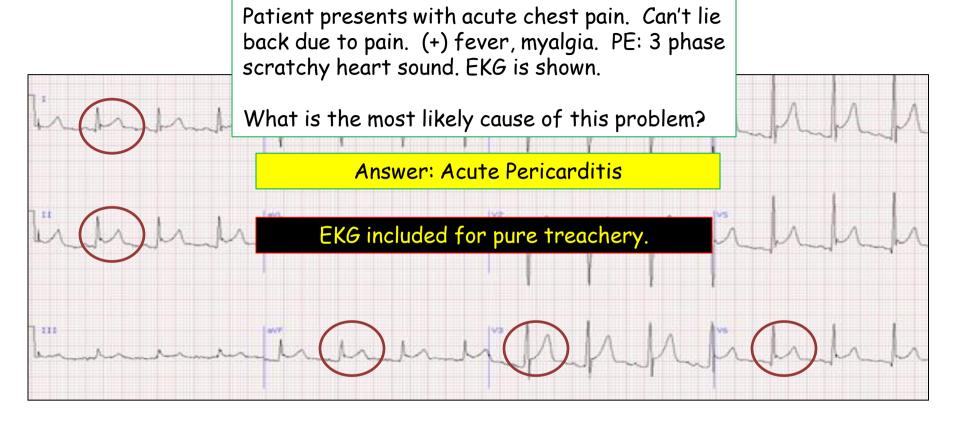


EKG Language of Acute Pericarditis: ST segment elevations lacking reciprocal changes



Place this one in your file of EKGs to know for Step One





Patient presents with acute chest pain. Can't lie back due to pain. (+) fever, myalgia. PE: 3 phase scratchy heart sound.

What is the most likely cause of this problem?



- 1. Naked, RNA virus
- 2. Naked, DNA virus
- 3. Enveloped, RNA virus
- 4. Enveloped, DNA virus

Coxsackie virus:

Picornavirus (pico = small)
Naked, RNA



Hand-Foot-Mouth

Acute Pericarditis (Cardiac) Tamponade Physiology

Constrictive Pericarditis

- Virtually all patients will be described with positional chest pain
- '3-phase' friction rub
- Post-infarction (early and late) or Viral (Coxsackie)
- Fibrinous Pericarditis
- EKG with diffuse involvement lacking reciprocal changes

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