

## **Recent Experience of Pericardiectomy for Constrictive Pericarditis**

*Kassif, Yigal<sup>1</sup>; Nachum, Eyal<sup>1</sup>; Sternik, Leonid<sup>1</sup>; Wellens, Francis<sup>2</sup>; Hochman, Hadar<sup>1</sup>; Hay, Ilan<sup>3</sup>; Raanani, Ehud<sup>1</sup>*

*<sup>1</sup>Sheba Medical Center, Cardiac Surgery, Ramat Gan, Israel; <sup>2</sup>Universitair Ziekenhuis Brussel, Center for Cardiovascular Diseases, Brussel, Belgium; <sup>3</sup>Sheba Medical Center, Cardiology, Ramat Gan, Israel*

Background: Natural history of constrictive pericarditis patients is grave, and they all succumb to right heart failure within months to few years following diagnosis. Surgery is known to alleviate symptoms and to prolong lives of most patients. In the past, surgical pericardiectomy was associated with high operative mortality. We reviewed our recent results with increased surgical experience and experienced post-operative management.

Patients: From 2005 to 2011 26 patients underwent pericardiectomy in our department. The diagnosis of constrictive pericarditis was confirmed using echocardiography and Rt. heart catheterization in all cases, and supported by CT scan and/or MRI. In most patients the diagnosis was 'Idiopathic'. In two patients the etiology was Post Pericardiotomy Syndrome - one and three years following previous AVR. There was one case of Purulent Chronic (Calcified) Pericarditis. All patients suffered from symptoms and signs of right with or without left heart failure (NYHA III/IV). In four patients the procedure was performed in concomitance with other open heart procedure. Except from these - only two cases were performed using cardiopulmonary bypass (CPB). Complete resection of all the necessary constricting pericardium was achieved with or without the use of CPB.

Results: There was no in-hospital mortality. There were two cases of post operative revisions for bleeding. There were 2 late deaths: one patient died due to metastatic Gastric Carcinoma, aspiration pneumonia and sepsis, the second patient who underwent concomitant Tricuspid Valve Annuloplasty died 7 months following surgery due to unresolved Rt. heart failure. At mean follow-up of 38±24 months (range 1 to 71 months) 20 patients are in NYHA class I-II (83%) and 4 are in NYHA class III/IV (17%). Early and late ECHO follow up show complete relief of constriction in all patients.

Conclusion: Recent surgical results provide good early and late outcomes after pericardiectomy.