Pericardiectomy for Constrictive Pericarditis is Safe and Effective in the Modern Era

Sharony, R.[1]; Sagi, A.[2]; Sharony, E.[1]; Medalion, B.[1]; Snir, E.[1]; Biderman, P.[1]; Glik, I.[1]; Porat, E.[1]
[2]Rabin Medical Center, Cardiology,Petach Tiqva, Israel [1]Rabin Medical Center,Cardiothoracic Surgery, Petach Tiqva, Israel;

Background: Constrictive pericarditis is characterized by marked thickening and dense scarring of the pericardium with pericardial sac obliteration. The standard treatment for clinically significant constriction is surgical pericardiectomy. Previous studies have demonstrated high mortality associated with this procedure.

Objective: To evaluate the outcome of patients undergoing pericardiectomy due to clinically significant constructive pericarditis.

Methods: Between 8/2006 and 9/2011 13 patients underwent pericardiectomy for constrictive pericarditis. Data was obtained from operating room and medical records, as well as pathological and echocardiography reports. Follow up (mean 12±11 mo) included clinical status, DASI (Duke Activity Status Index), and echocardiography examinations.

Results: Mean patient age was 56±21 years (range 20-78 years). Twelve of the patients were male. In most of patients the etiology for the pericarditis was idiopathic. One patient underwent previous AVR. En extensive pericardiectomy was performed without using cardiopulmonary bypass (CPB) with the exception of one patient who underwent concomitant CABG. One patient underwent concomitant Off Pump CABG. No hospital mortality was observed. Post operative course was uneventful in all patients with no low cardiac output state or neurological deficits (CVA or TIA). None of the patients required prolonged mechanical ventilation and no diaphragmatic paralysis was recorded. Mean hospital stay was 4.8±1.5 days. Follow up demonstrated all patients to be alive. Mean New York Heart Association (NYHA) was 1.4±04. No re-hospitalizations due to cardiac events were recorded. Echocardiography showed no recurrence of constriction. Median DASI score was 39 with calculated mean METS of 9.9±4.2 confirming good exercise tolerance.