



RECURRENT PERICARDITIS: IT DOESN'T JUST WISH AWAY

This painful, though usually not life-threatening, condition often goes undiagnosed and untreated. Here's how to recognize and deal with it.

ABOUT RP

Recurrent pericarditis occurs 4-6 weeks after an episode with no symptoms in between. RP happens in 15% to 50% of people with pericarditis in the U.S., or about 40,000 people. It's more common among women, who are more susceptible to autoimmune conditions that can irritate the pericardium.

Other types of pericarditis, based on symptom occurrence, include:

- **ACUTE** – Less than 4-6 weeks
- **INCESSANT** – More than 4-6 weeks but less than 3 months, despite therapy
- **CHRONIC** – More than 3 months

The pericardium is a sac-like organ with two thin layers of tissue that surround the heart to hold it in place and help it work. Pericarditis is an inflammation of the pericardium that can cause severe chest pain and interfere with the heart's normal function.

CAUSES OF RP

People who aren't adequately treated for pericarditis are more likely to develop recurrent pericarditis. The exact cause of RP is often not identified and is generally attributed to a dysfunctional immune system.

Other causes include:

- Complications from a heart attack or heart surgery
- Kidney failure
- Cancer and/or cancer treatments such as chemotherapy and radiotherapy
- Bacterial, fungal and parasitic infections
- Diseases of the connective tissues such as rheumatoid arthritis and lupus
- Medication

SIGNS OF RP

- Dull ache, pressure or stabbing pain in the chest that gets worse when coughing, taking deep breaths or lying down
- Fever
- Coughing fits
- Heart palpitations
- Shortness of breath
- Swollen abdomen, legs or feet
- Low blood pressure
- Treating RP

Recurrent pericarditis is often misdiagnosed because it's uncommon and health care professionals identify the symptoms with anxiety or panic attacks. Diagnosis involves listening to the heart for characteristic rubbing sounds. The diagnosis may be confirmed through blood tests, chest X-ray, electrocardiogram (EKG) or imaging tests (echocardiogram, CT scans, MRI).

TREATMENT OF RP

NSAIDs (non-steroidal anti-inflammatory drugs), such as ibuprofen, are the mainstay of therapy. They're often prescribed in conjunction with the anti-inflammatory drug colchicine. Low to moderate doses of corticosteroids may also be added.

FDA approved IL-1 inhibition may help control symptoms for people who don't respond otherwise. Pericardiectomy (partial or full removal) may be considered if medical therapy is unsuccessful.