What are the symptoms of recurrent pericarditis?

- Dull ache, pressure or stabbing pain in the chest that gets worse when coughing, taking deep breaths or lying down, improved by sitting up and leaning forward
- Low-grade fever
- Cough; difficult or rapid breathing
- Heart palpitations
- Shortness of breath
- Swollen abdomen, legs or feet
- Low blood pressure with symptoms such as lightheadedness or fainting

What causes recurrent pericarditis?
People who don’t get adequate treatment for pericarditis are more likely to develop recurrent pericarditis. In up to 20% of patients, pericarditis is caused by a viral illness such as herpes, influenza, adenovirus, enterovirus, Epstein Barr virus (EBV), or hepatitis viruses (A, B, C). The exact cause of recurrent pericarditis 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

How is recurrent pericarditis diagnosed?
If your doctor believes you may have recurrent pericarditis, he or she will listen to your heart for rubbing sounds that (continued)
often occur in people with the condition. The doctor may use the following tests to confirm the diagnosis:

- Blood tests
- Chest X-ray
- Electrocardiogram (EKG) or imaging tests such as echocardiogram (echo), CT scans and MRI

**How is recurrent pericarditis treated?**

Aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) are typically the first line of treatment for recurrent pericarditis. These are often prescribed in conjunction with colchicine, an anti-inflammatory drug that may improve their effectiveness and prevent future recurrences.

If NSAIDs and colchicine don't lead to a complete remission, low to moderate doses of corticosteroids such as prednisone may also be prescribed alongside them.

Because steroids have been linked with a higher risk of recurrence, they're typically used in people who don't respond to first-line treatments, can't tolerate NSAIDs, are pregnant or have conditions such as autoimmune disease.

While such treatments are usually successful, immunosuppressants and/or interleukin 1 blockers, which fight pro-inflammatory molecules, may also be prescribed for the 5% to 10% of patients who don't respond to them.

Your doctor may also drain excess fluid from the pericardium or, as a last result, remove it partially (or entirely).

**How do I manage recurrent pericarditis?**

For most people, recurrent pericarditis can safely be managed at home. If you have one of the following symptoms, your doctor may admit you to the hospital for treatment:

- Fever of 100.4 or higher
- Significant buildup of fluid between the heart and pericardium
- Continued pericarditis after one week of treatment with anti-inflammatory medications
- Evidence of heart damage

**How serious is recurrent pericarditis?**

While recurrent pericarditis can affect your quality of life, it generally doesn't lead to severe health problems. But in rare cases, it can lead to abnormal heart rhythm, a dangerous buildup of fluid around the heart (cardiac tamponade), heart failure and death.