

Constrictive Pericarditis with Apical Aneurysmal Dilatation of the Right Ventricle

Pericarditis constrictiva con dilatación aneurismática apical del ventrículo derecho

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We describe the case of a 52-year-old male patient with dyspnea and edema in the lower limbs, who experienced decompensation during an episode of atrial flutter. The echocardiography showed biatrial enlargement, dilated inferior vena cava, and interventricular septum bounce evidencing exaggerated ventricular interdependence. The pericardium was thickened, with calcified areas, findings consistent with the diagnosis of constrictive pericarditis. (1) The right ventricle showed apical enlargement of aneurysmal aspect although, surprisingly, its thickness and wall motion were preserved (see video).

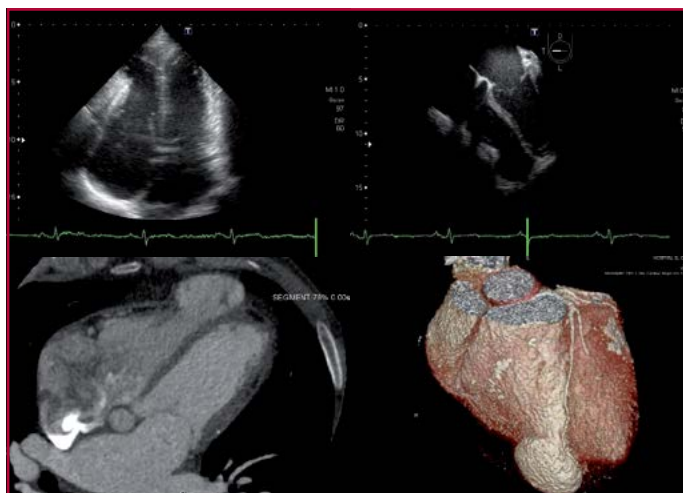
Cardiac CT scan confirms diffuse pericardial thickening >4 mm with calcified areas, not affecting the apical region of the right ventricle where the pericardium is thin and mobile. Extensive pericardiectomy was performed with histological confirmation of nonspecific chronic pericarditis with fibrous scarring.

Constrictive pericarditis is usually generalized, but it can also be focal and affect only one part of the pericardium. (2) It is rarely generalized, affecting only a focal patch; this area behaves like a weak pericardial zone through which the normal myocardium protrudes, as is the case of this right ventricle, mimicking an aneurysm.

Differential diagnoses include partial pericardial agenesis (much more common in left chambers) and with aneurysm secondary to arrhythmogenic dysplasia of the right ventricle, acute myocardial infarction, Chagas disease, myocardial disease, or trauma. (3)

Conflicts of interest

None declared (See authors' conflicts of interest forms on the website/ Supplementary Material).



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See additional video in: <https://youtu.be/b9LpdpbzcpM> and <https://youtu.be/d8swKimQypI>

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