Pericarditis - Acute - Summary Clinical Guideline

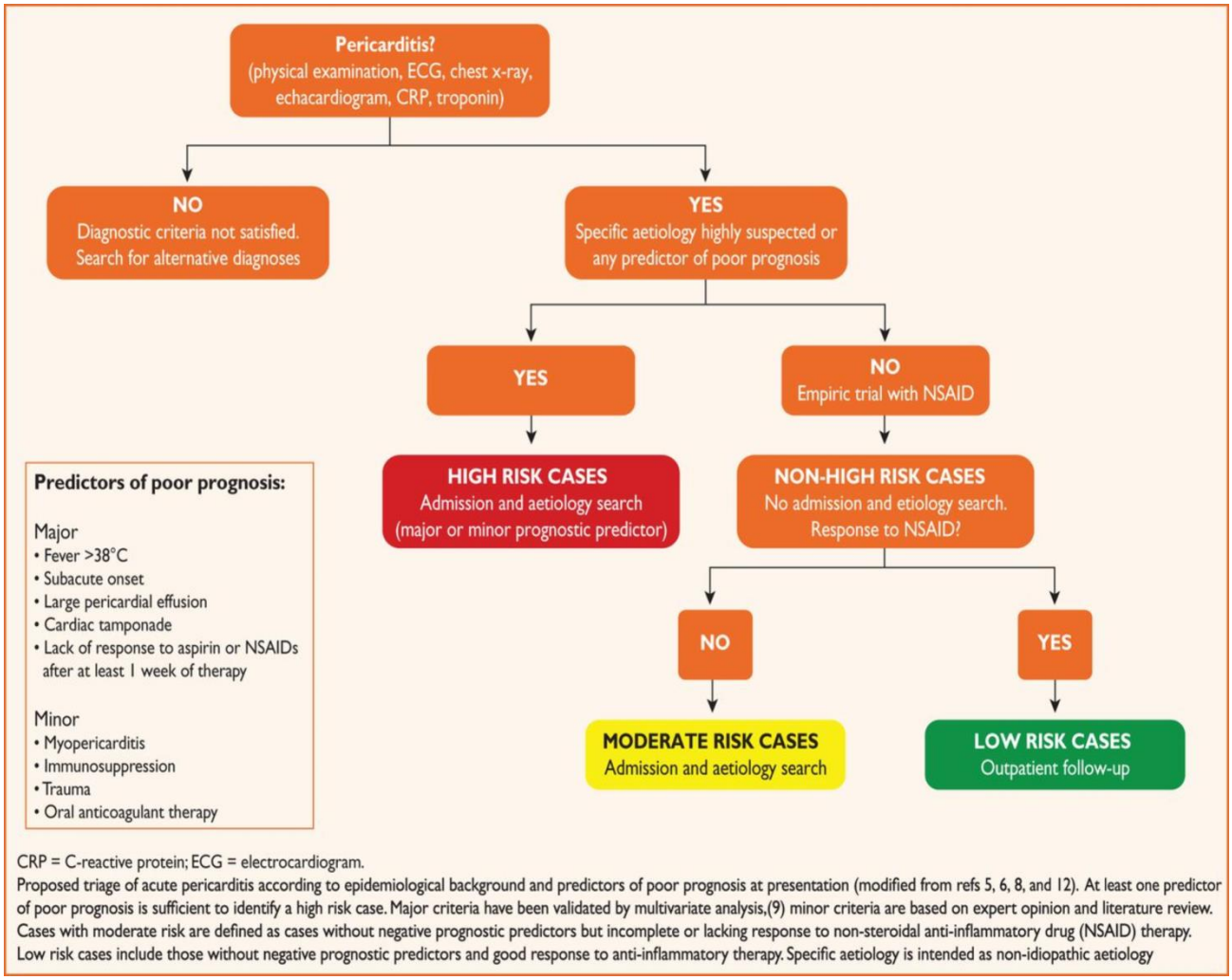
Reference no.: CG-CARDIO/2023/012

Flow chart for diagnosis and management of Pericarditis

Acute Pericarditis Diagnostic criteria
(at least 2 out 4 should be met)

1) Pericarditic chest pain
2) Pericardial rub
3) New onset widespread ST elevation with PR depression
4) Pericardial Effusion (new or worsening)

Associated rise of inflammatory markers like ESR, CRP and white cells



CRP = C-reactive protein; ECG = electrocardiogram.
Proposed triage of acute pericarditis according to epidemiological background and predictors of poor prognosis at presentation (modified from refs 5, 6, 8, and 12). At least one predictor of poor prognosis is sufficient to identify a high risk case. Major criteria have been validated by multivariate analysis,(9) minor criteria are based on expert opinion and literature review. Cases with moderate risk are defined as cases without negative prognostic predictors but incomplete or lacking response to non-steroidal anti-inflammatory drug (NSAID) therapy. Low risk cases include those without negative prognostic predictors and good response to anti-inflammatory therapy. Specific aetiology is intended as non-idiopathic aetiology

Management:

Drug	Dose	Duration
Ibuprofen	600 mg every 8 hrs, with PPI	Weeks to months
Colchicine	0.5mg bd or 0.5mg od if intolerant to higher doses or if weight<70Kg	3-6 months
Prednisolone (if above fail, specialist initiation)	1 mg/Kg/day(high doses) 0.25 to 0.5mg/Kg/day	Gradual tapering of doses required

Note: Tapering of doses to be done guided by CRP levels and clinical symptoms.
Further alternative diagnosis for pericardial diseases to be investigated including malignancy, pericardial tumors, drug induced pericardial effusions.