

Patient information from BMJ

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Pericarditis

Pericarditis is painful inflammation (swelling) of the sac that surrounds and protects the heart. The condition is often simple to treat, but can sometimes have serious complications.

What is pericarditis?

Pericarditis is an inflammation of the sac around the heart. This sac is called the pericardium. It contains a small amount of fluid that helps to lubricate the heart and keep it working smoothly.

There's usually no clear cause for pericarditis. But most people seem to get it after they've had a recent viral infection, like the common cold or a stomach bug.

The inflammation can sometimes be caused by a bacterial infection in the lungs called tuberculosis (TB), and by other types of bacterial or fungal infection. But these causes are rare.

Pericarditis is more common in people aged between 20 and 50 years old. There are some things that make getting pericarditis more likely. They include:

- being male
- having had a recent heart attack
- having had recent heart surgery
- having cancer
- having dialysis treatment for kidney disease
- having what's called an autoimmune condition. This is where the body's immune system, which normally protects us from infection, starts to attack some of the body's own tissues. Common autoimmune conditions include rheumatoid arthritis and inflammatory bowel diseases, such as Crohn's disease.

Pericarditis can often be treated fairly easily. But in some people it is more serious. For example, if fluid begins to fill the pericardium, or if the swelling affects the blood flow to and from the heart, it can be life threatening.

What are the symptoms of pericarditis?

The main symptom of pericarditis is pain in the centre of the chest. This pain can:

- be constant
- spread out on one or both sides to cover the chest
- be sharp and stabbing, or more like an ache
- get worse when you lie down
- get better when you sit up or lean forward.

You might also have a fever, tiredness, or muscle aches and pains, but these symptoms are less common.

If there's fluid building up around your heart, you might have some difficulty breathing or feel light-headed too.

If your doctor thinks you might have pericarditis, they will ask about your symptoms and examine you.

They will also want to do some tests, including blood tests, a chest x-ray, and an ECG (electrocardiogram).

Pericarditis is not usually serious, and the condition is often simple to treat. But if your doctor thinks you have purulent pericarditis, they may suggest some other tests.

Purulent pericarditis is when the sac around the heart fills with pus from a bacterial infection. It's rare, but life threatening because it can stop the heart from working properly. It needs immediate treatment.

What are the treatment options for pericarditis?

The treatment you will need depends on what has caused the pericarditis. But treatment is usually simple.

You might need to stay in hospital if your doctor thinks there's a specific cause of your pericarditis. Or if you've got more serious symptoms like a fever or difficulty breathing, they'll want to admit you too. But in most cases, you can usually go home and be treated as an outpatient.

Medicines

The main treatment for most people with pericarditis is with **non-steroidal anti-inflammatory drugs (NSAIDs)**. These drugs reduce the inflammation around your heart and also help with pain. NSAIDs that you might have heard of include ibuprofen and aspirin. You will need to take these for several weeks.

NSAIDs can cause irritation of the stomach lining. So your doctor will also prescribe another medicine to protect your stomach while you take this.

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You'll also be given another medicine called **colchicine**. You will need to take this for a few months. Colchicine helps with settling inflammation, and reduces the chance of pericarditis coming back after treatment.

If NSAIDs don't help your pericarditis, or you have an underlying autoimmune condition, then your doctor might prescribe a stronger anti-inflammatory drug instead, called a **steroid** (the full name is corticosteroid).

For people with purulent pericarditis, treatment with NSAIDs and colchicine won't help. In this case, your doctor will recommend strong **antibiotics**.

What happens next?

If your pericarditis is caused by a virus and gets better with treatment, you won't need any long-term follow-up.

But it's important you take your medicines as prescribed for your pericarditis to be fully treated. You'll also need to avoid strenuous physical activities. This is usually until your symptoms have gone and your blood tests are back to normal.

For pericarditis with other causes (such as a bacterial infection) or complications (for example, fluid build-up around the heart), the outlook can be more serious. Treatment in these cases will be more intense and may include surgery. Your doctor will want to keep you in hospital for some time to monitor you.

Between 15 and 30 in every 100 people will get pericarditis again after they've been treated.^[1] If you do get chest pain again, it's important not to ignore it.

Chest pain can be a sign of serious problems, including a heart attack. So it's important to see a doctor urgently if you get it. If you have severe chest pain, or if you think you might be having a heart attack, call an ambulance.

References

1. Klein A, Cremer P, Kontzias A, et al. Clinical burden and unmet need in recurrent pericarditis: a systematic literature review. *Cardiol Rev.* 2022 Mar-Apr 01;30(2):59-69.

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