



# 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 RECURRENT PERICARDITIS

Recurrent pericarditis occurs 4-6 weeks after an episode with no symptoms in between. It happens in 15% to 30% of people with pericarditis in the United States.

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 protect it from infection. Pericarditis is an inflammation of the pericardium that can cause severe chest pain and interfere with the heart's normal function.*

## CAUSES OF RECURRENT PERICARDITIS

The cause of recurrent pericarditis is typically autoimmune disorders or idiopathic (unknown) in most patients. Viral illnesses, such as herpes, influenza, adenovirus, enterovirus or Epstein Barr virus may also cause recurrent pericarditis.

While there's no single cause for recurrent pericarditis, it often develops in people whose initial bout of pericarditis isn't treated appropriately.

## SIGNS OF RECURRENT PERICARDITIS

- Chest pain is almost always present. It may feel like a sharp, stabbing pain that radiates to the arm, neck, shoulder, back or abdomen. The pain gets worse when coughing, taking deep breaths or lying down; the pain may improve by sitting up and leaning forward.
- Shortness of breath or difficulty breathing
- Heart palpitations or a faster than normal heartbeat
- Low grade fever, chills or sweating
- Dry cough
- Swollen abdomen, legs or feet
- Low blood pressure symptoms such as lightheadedness, dizziness or fainting

*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, CMR).*

## TREATING RECURRENT PERICARDITIS

Aspirin or 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 and exercise restriction to improve the response these treatments, improve resolution rates and prevent recurrences. Low to moderate doses of corticosteroids may also be added in patients intolerant to NSAIDs.

Other drugs such as immunosuppressants, anti-inflammatory and interleukin-1 (IL-1) blockers may help control symptoms for people who don't respond otherwise.

Pericardiectomy (partial or full removal of the pericardium) may be considered if medical therapy is unsuccessful.

**Visit [heart.org/recurrentpericarditis](https://heart.org/recurrentpericarditis) for more information.**