

## Constrictive Epicarditis as an Unusual Cause of Constrictive Physiology

### Typical Presentation With Unusual Pathology

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This case represents typical clinical and hemodynamic features of constrictive pericarditis, but the underlying pathology was epicardial rather than pericardial scarring. The recognition of constrictive epicarditis as distinct from pericarditis is important because the surgical approach is different.

An 83-year-old woman was evaluated for progressively worsening exertional dyspnea and generalized edema. On physical examination, the jugular vein was distended and the liver was enlarged. An ECG showed atrial fibrillation. A chest lateral film showed a pericardial calcification (Figure 1). Computed tomography of the heart showed a calcification

ring encircling the ventricle (Figure 2). Calcific constrictive pericarditis was diagnosed, and pericardiectomy was planned. At surgery, the parietal pericardium was mildly fibrothickened; however, dense, calcified, ossified epicardial thickening firmly attached especially on the left and right atrioventricular groove, which constituted the basis for marked impaired filling of the left ventricle (Figures 3 and 4; Data Supplement). The lesion was removed after careful dissection via scalpel. The woman's central venous pressure dropped from 17 mm Hg to 11 mm Hg after the operation. The patient subsequently recovered and was uneventfully discharged days later.

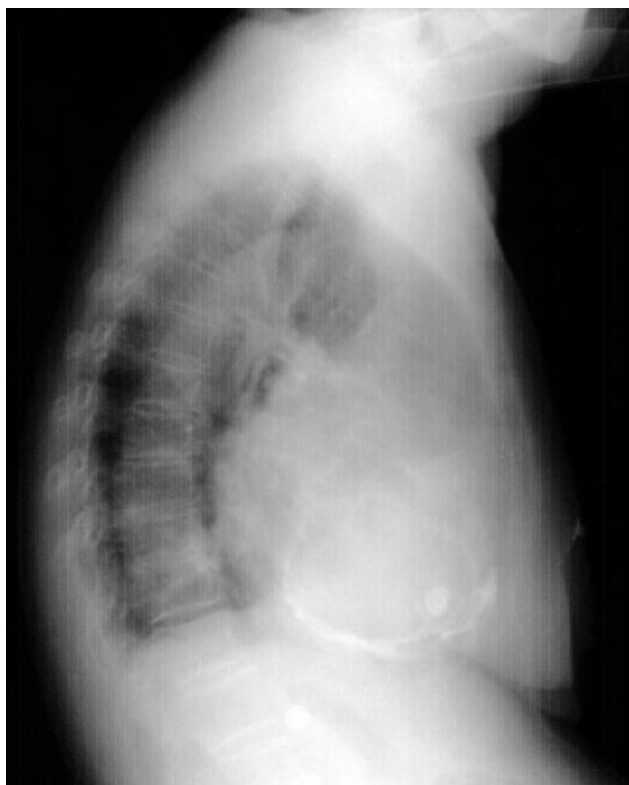


Figure 1. Pericardial calcification.

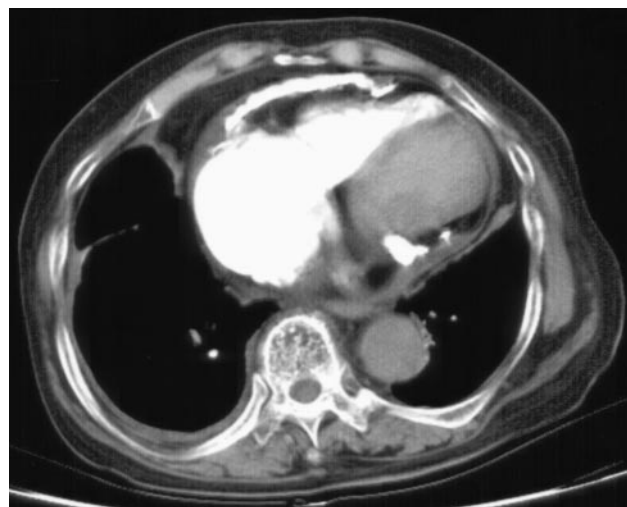
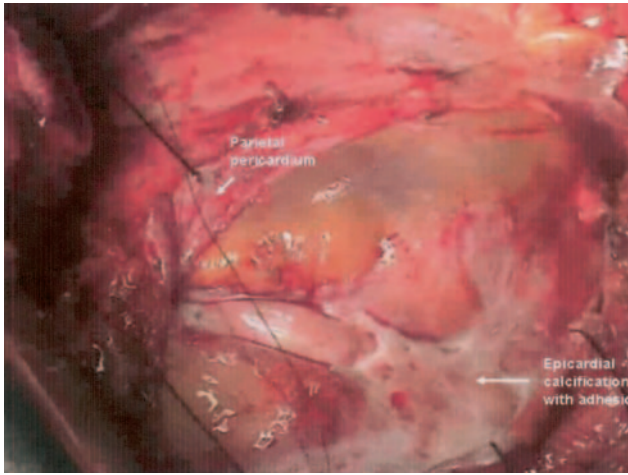


Figure 2. Calcification ring encircling the ventricle.

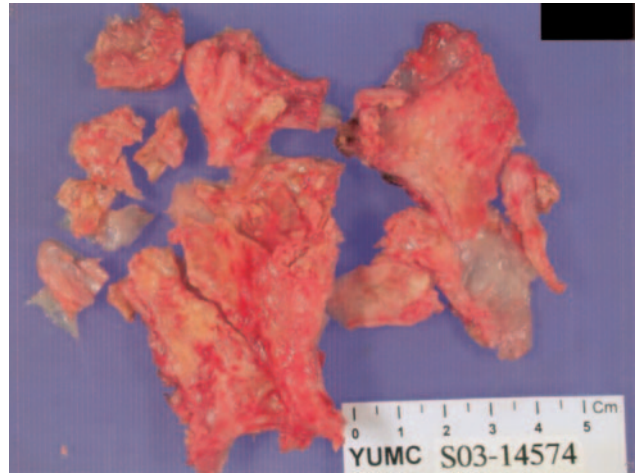
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**Figure 3.** Surgical findings.



**Figure 4.** Removed calcifications.

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