“Rheumatoid armor”: a case of constrictive pericarditis

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Introduction: Rheumatoid arthritis can cause a variety of cardiac manifestations. Pericarditis can be found in about 30% of the patients, however it is usually acute and asymptomatic. Constrictive pericarditis is a rare complication of rheumatoid arthritis with major complications.

Case report: We present a case of a 70-year-old woman who presented to the emergency room with signs and symptoms of right ventricular heart failure. The patient has a 30-year-old history of seropositive rheumatoid arthritis and is currently treated with steroids and ebetrexat. Also, cardiac workup was performed a few years prior due to microvoltage in the ECG, however other than lamellar pericardial effusion with no effects on hemodynamics, no pathology was found. Initial workup showed right-sided pleural effusion and cranial redistribution on chest X-ray, elevated natriuretic peptide level, as well as slightly elevated bilirubin and liver enzymes. A small amount of ascites was noted on the abdominal ultrasound. A circumferential 8-millimeter pericardial effusion, lower lateral e’ wave velocity than septal e’ wave velocity and a dilated vena cava were noted on the echocardiogram. Right heart catheterization showed possible signs of constriction. Treatment with non-steroid antirheumatics was initiated and prior corticosteroid therapy was escalated, however the patients’ symptoms worsened, and the effusion progressed. Further magnetic resonance imaging revealed a thickened pericardium with post-contrast imbibition and septal bounce in early diastole, findings suggestive of constrictive pericarditis. Patient was referred to cardiac surgeons and radical pericardiectomy was performed with a good outcome.

Conclusion: Constrictive pericarditis is a rare and easily overlooked diagnosis that should be kept in mind when assessing rheumatological patients with signs of right-sided heart failure.

LITERATURE