

Constrictive pericarditis as rare manifestation of systemic sarcoidosis: a case report

 Mihovil Santini¹,
 Sandra Jakšić Jurinjak^{2*},
 Vlatka Rešković Lukšić²,
 Jadranka Šeparović Hanževački²,
 Martina Lovrić Benčić²

¹Zadar General Hospital, Zadar, Croatia

²University Hospital Centre Zagreb, University of Zagreb School of Medicine, Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Sandra Jakšić Jurinjak, Klinički bolnički centar Zagreb, Kišpatičeva 12, HR-10000 Zagreb, Croatia. / Phone: +385-1-2388-888 / E-mail: sandra.jaksic.jurinjak@kbc-zagreb.hr

ORCID: Mihovil Santini, <https://orcid.org/0000-0002-1428-4484> • Sandra Jakšić Jurinjak, <https://orcid.org/0000-0002-7349-6137> Vlatka Rešković Lukšić, <https://orcid.org/0000-0002-4721-3236> • Jadranka Šeparović Hanževački, <https://orcid.org/0000-0002-3437-6407> Martina Lovrić Benčić, <https://orcid.org/0000-0001-8446-6120>

Introduction: Sarcoidosis is a multisystem granulomatous disease of unknown etiology. Cardiac involvement is present in 20-30% of all patients¹. In cardiac sarcoidosis myocardium and endocardium are typically affected, while pericardial involvement and supraventricular arrhythmias are less common¹⁻³.

Case report: 55-year-old female patient was diagnosed in June 2022 with mediastinal and hilar lymphadenopathy as an incidental finding during evaluation for dyspnea and episode of paroxysmal supraventricular tachycardia. Radiological findings, bronchoscopy and further workup confirmed the diagnosis of sarcoidosis. Quantiferon test was negative and was done to rule out tuberculosis. Echocardiography verified the hyperechogenic calcified pericardium with "septal bounce" sign and constrictive hemodynamics (**Figure 1**). In the June 2023, a CT coronary angiography was performed, which revealed an almost completely thickened (up to 15 mm) and diffusely calcified pericardium, sparing the posterior contour of both atria and the apex of both ventricles, which compresses the ventricles with a clear disturbance of the diastolic function of the heart (**Figure 2**). There was no pericar-

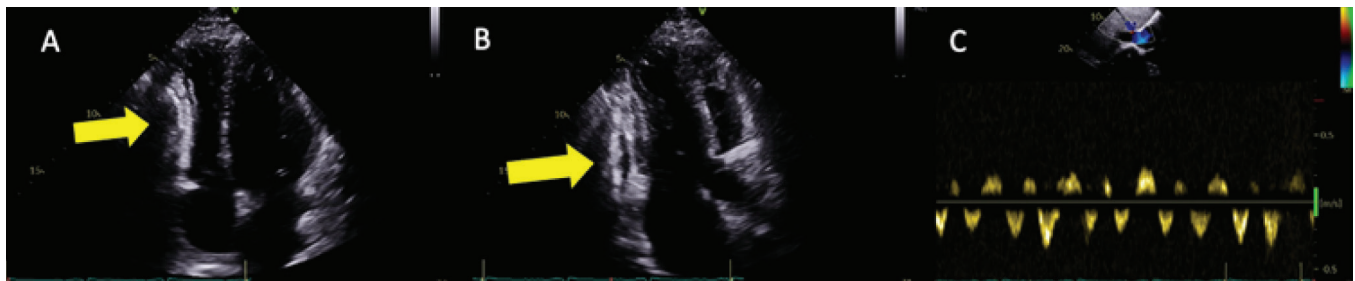


FIGURE 1. A. The four-chamber view of the heart showed calcified pericardium with a septal bounce phenomenon B. Three chamber view of the heart showed calcified pericardium. C. Doppler ultrasound showed reverse flow in the hepatic veins.

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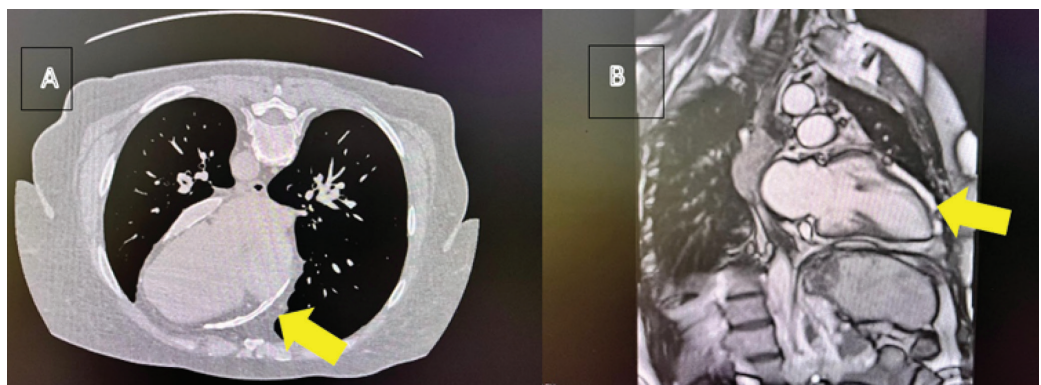


FIGURE 2. A. CT coronary angiography showed an almost completely thickened (up to 15 mm) and diffusely calcified pericardium. B. Magnetic resonance of the heart showed signs of constrictive pericarditis, with potential pericardial sarcoidosis.

