

## Images in...

## Calcific visceral pericardial constriction

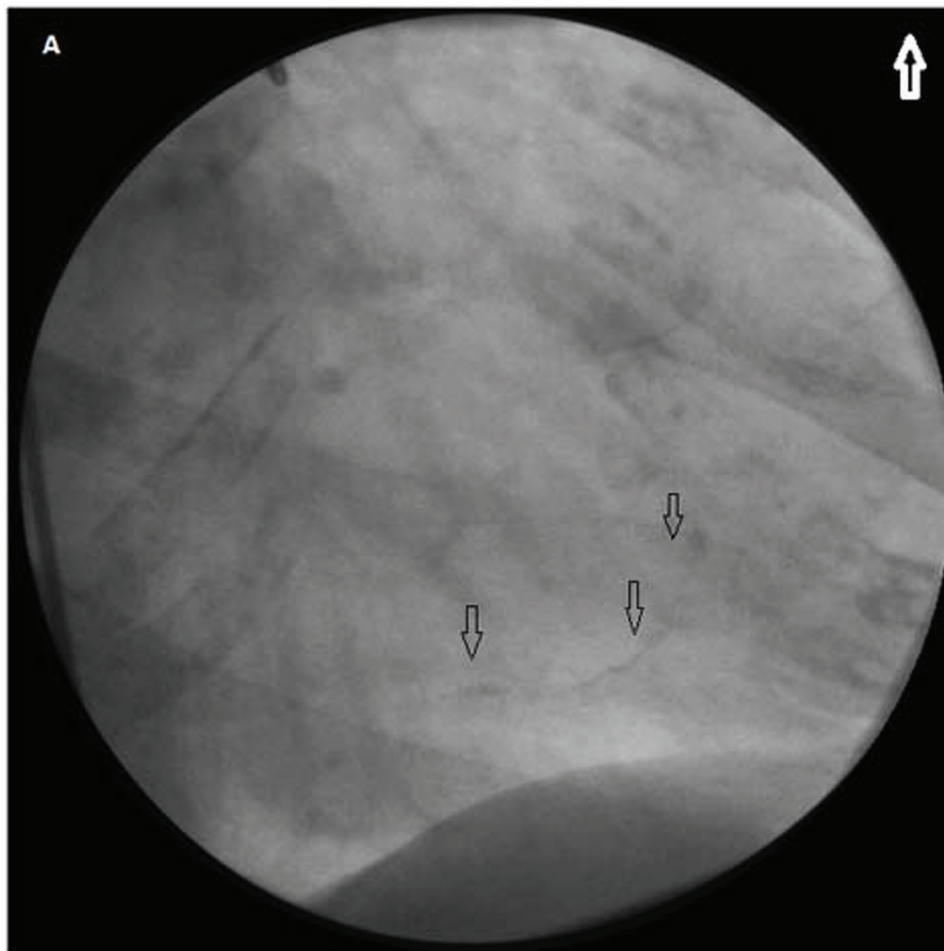
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## DESCRIPTION

A middle-aged hypertensive lady was admitted with progressive weight gain and generalised edema of 1-year duration. Examination revealed a raised jugular venous pressure, anasarca, atrial fibrillation and no significant murmurs. Evaluation revealed mild anaemia with raised erythrocyte sedimentation rate. Chest radiograph and echocardiography revealed cardiomegaly, biatrial enlargement, IVC congestion, moderate pericardial effusion and significant atrioventricular valve respiratory variation. Fluoroscopy and catheterisation study showed pericardial calcification (figure 1, arrows) and confirmed findings of constrictive physiology with a typical 'square-root

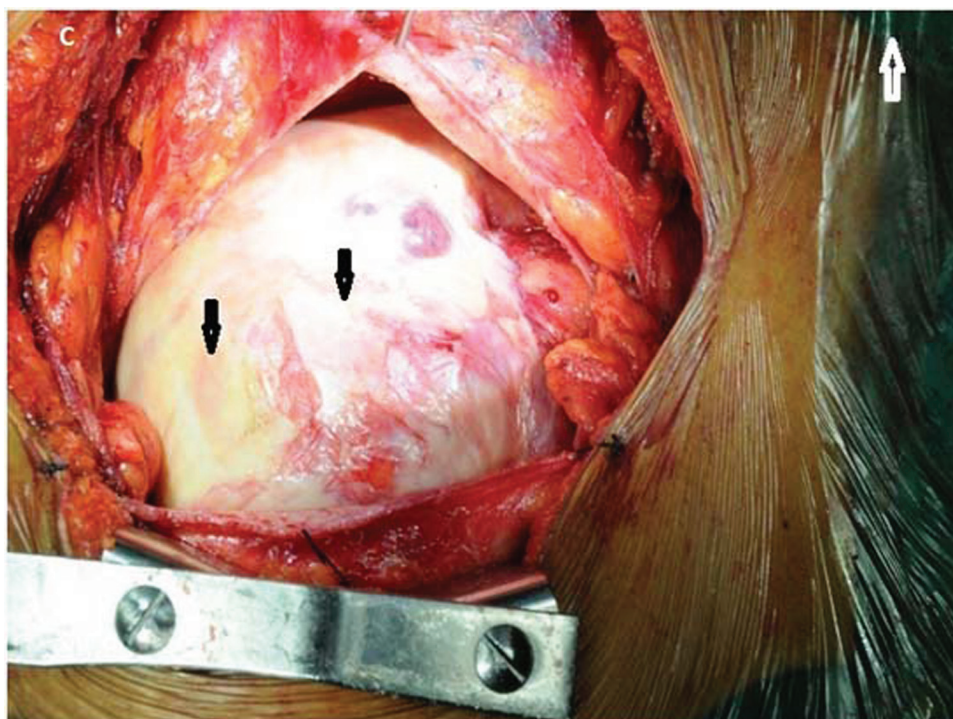
configuration'. CT scan (figure 2, arrows) showed pericardial effusion with thin, linear visceral pericardial calcification seen at the level of main pulmonary trunk and base of the heart in relation to the right and left ventricles sparing the parietal pericardium. The patient underwent surgical pericardiectomy. Thick whitish fibrous peel (figure 3, arrows) encircling the heart with calcification over the right ventricle and its outflow tract was dissected carefully. Four hundred millilitres of serosanguinous fluid was drained. Parietal pericardium was normal. Biopsy showed inflammatory infiltrates, fibrocollagenous tissue and no granulomas. Idiopathic isolated visceral calcific constriction was diagnosed, which is rare.<sup>1</sup> Patient at 6



**Figure 1** Fluoroscopy showing linear pericardial calcification (arrows).



**Figure 2** CT image of the chest showing pericardial effusion with thin, linear visceral pericardial calcification (arrows) seen at the level of main pulmonary trunk and base of the heart in relation to the right and left ventricles sparing the parietal pericardium. Ao, aorta; PA, pulmonary artery; and PE, pericardial effusion.



**Figure 3** Intraoperative image showing thick whitish fibrous peel (arrows) encircling the heart.

months follow-up had lost 15 kg and was in New York Heart Association class I.

**Competing interests** None.

**Patient consent** Obtained.

## REFERENCES

1. **Sagristà-Sauleda J**, Angel J, Sánchez A, *et al*. Effusive-constrictive pericarditis. *N Engl J Med* 2004;**350**:469–75.

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