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# Surgical management of constrictive pericarditis

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constrictive pericarditis is the end stage of chronic inflammatory process producing a fibrous thickened constricting pericardium surrounding the heart and so the diastolic ventricular filling has impaired, the systolic ejection is limited, too. This process may be symmetrical causing uniform restriction of all cardiac chambers or may be a localized bands constricting atrioventricular groove, one ventricle or both.

In recent years, the spectrum of aetiology of constrictive pericarditis showing important changes as tuberculous pericarditis has declined much more especially from western countries and not present now day except in endemic areas. A new cause has been introduced as the most important one which is an idiopathic inflammation, also, post radiation therapy in the course of some tumours management. After, 1980s a new and interesting factor is picked up as during open heart surgery, some antiseptic as povidine-iodine (Betadine) has used for irrigation of pericardium and that produce constriction, also many other factors, as chronic renal failure, collagen diseases and some malignant tumours causing constriction of pericardium during its course of illness. The difficulty of diagnoses of constrictive pericarditis is due to similarity of pathological its clinical presentation with many hepatomegaly, congestive conditions as heart failure, and some malignancy but new investigatory methods play an important role in the detection and diagnosis of the disease. Some trials with medical treatment have been offered but the only effective way for management is the surgical one, pericardiectomy through different approaches and by different techniques leading to good haemodynamic improvement and symptomatic relief