



## 2015 ESC Guidelines for the diagnosis and management of pericardial diseases

### The Task Force for the Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC)

#### Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS)

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**ESC Councils:** Council for Cardiology Practice (CCP), Council on Cardiovascular Nursing and Allied Professions (CCNAP), Council on Cardiovascular Primary Care (CCPC).

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## Kommentarer til ESC guidelines for Pericarditis fra ekkonukleus

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### Generelt

Rapporten findes meget grundig og anvendelig med følgende begrænsninger og kommentarer:

1. MR hos alle med pericarditis og myocardi involvering (myopericarditis) mener vi der er dårlige holdepunkter for. Dette mener vi skal nedjusteres til at gælde særlige tilfælde hvor graden af myocardi involvering er afgørende.
2. Håndtering af pt med første gangs simpel pericarditis som responderer på given NSAID/ASA og (colchicin) kan håndteres på lokal hospital. Tillæg af Colchicin behøver ikke at være mandatorisk hos en pt med et let tilfælde af førstegangs pericarditis. Pt med recidiv pericarditis og pericarditis som led i systemisk sygdom bør håndteres på HSE.
3. Den generelle anbefaling af restriktion af fysisk aktivitet i 6 måneder til alle med perimyocarditis er baseret på 15-20 år gamle reviews og vi finder det ikke rimeligt at give dette en klasse 1 rekommandation, men at dette det må individualiseres.
4. Brug af profylaktisk colchicin/NSAID kombination ved hjertekirurgi er ikke en strategi der benyttes i DK og vi er ikke enige i en 2A anbefaling. Det kan overvejes i udvalgte tilfælde f.eks med pt med recidiv pericarditis eller systemisk sygdom som giver høj risiko for pericarditis.
5. Udredning af pt med Constrictiv pericarditis hører til på HSE hos en gruppe med erfaring og interesse for området og bør indeholde både ekkokardiografi, hø og ve. hjertekaterisation samt MR. Tilstanden er sjælden og svær at diagnosticere og behandlingen (pericardiectomi) er med en ikke ubetydelig risiko.
6. tabel 10 parametre for ekkokardiografi er ikke de aktuelle, i stedet henvises til tabel 12
7. Pericardiecentese, pga tamponade, som bro til videre intervention, ved aortadissektion, bør kun udføres ved kredsløbskollaps.
8. Generel extended perikardie drænage ved malign PE til alle som klasse IB er lidt stærkt – og bør nedtones at dette kan overvejes.