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Pericardiectomy for constrictive pericarditis via Median Sternotomy in a resource constraint setting

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Background: Constrictive pericarditis is the endpoint of the natural history of acute pericarditis of different aetiologies where a chronic inflammatory process results in a thickened, fibrotic and inelastic pericardium with consequent impairment of diastolic function and systemic congestion.

Aim: The purpose of this study was to evaluate the clinical features, diagnosis, surgical management and outcome of patients with constrictive pericarditis as managed in a local setting of a tertiary hospital in Ghana.

Patients and Methods: It is a retrospective cohort analysis of patients who had undergone pericardiectomy for constrictive pericarditis at a teaching hospital.

Results: Ten patients underwent pericardiectomy for the period of study. There were 8 (80%) males. The mean age was 20.4 ± 17.2 years. Six of the patients 6 (60%) were in NYHA Class III. Preoperative diagnostics included Chest x-ray, echocardiography, and computer tomography (CT) scan. The surgical approach for the pericardiectomy was median sternotomy. The mean operative time was 159.9 ± 43.0 mins. The mean postoperative days spent before being discharged was 6.9 ± 2.3 days. Nine (90%) of the patients were in NHYA Class I after a mean follow up of 19.3 ± 16.7 months. One patient died 6 weeks after surgery with heart failure and one patient was lost to follow up.

Conclusion: Surgical pericardiectomy via median sternotomy is still the standard treatment for constrictive pericarditis and this can be done without cardiopulmonary bypass especially in less resource centres with excellent results.

Keywords: Median Sternotomy, Pericardiectomy, Constrictive Pericarditis, Tuberculosis

Recent Publications

- Constrictive pericarditis UpToDate [Internet] 2017. [cited 2020 Jun 3]. Available from: https://www.uptodate.com/contents/constrictive-pericarditis?search=const....
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Biography

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