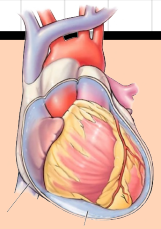
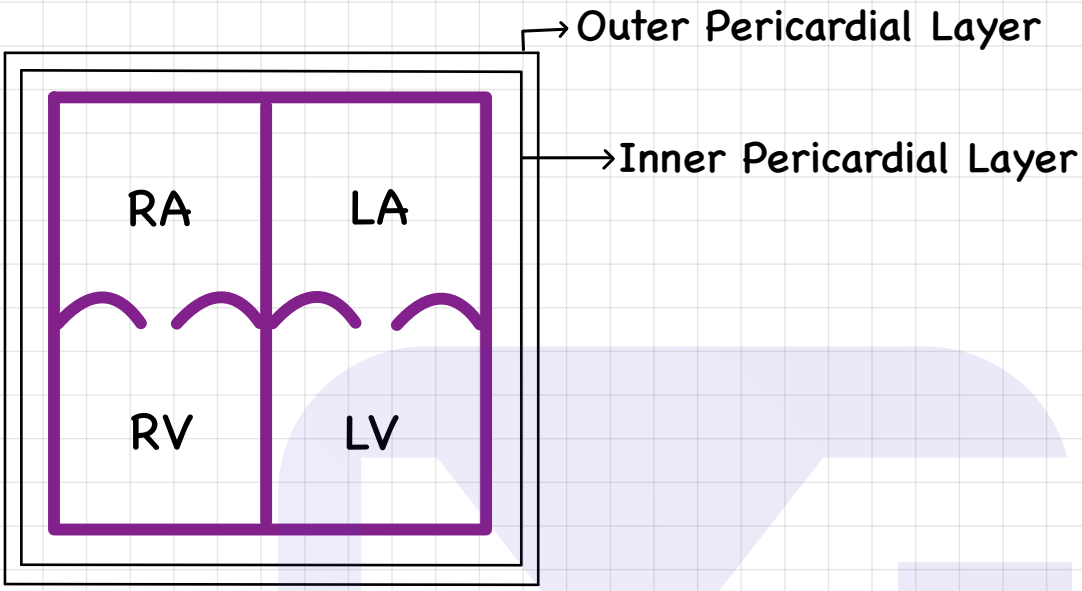


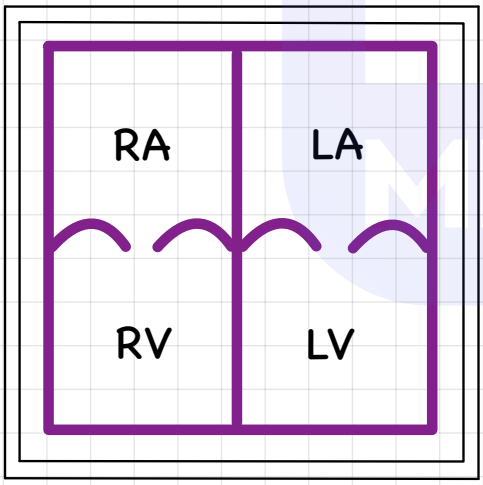
CHAPTER 6
PERICARDIAL DISORDERS

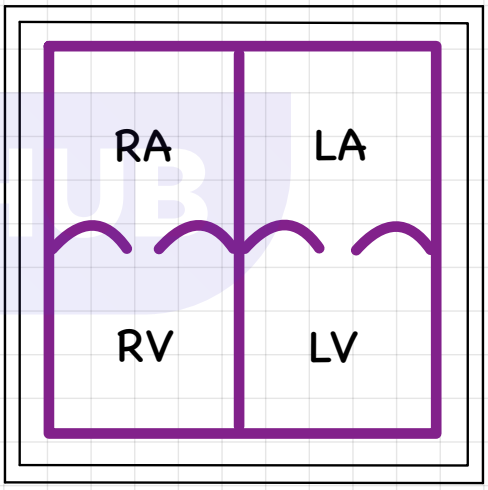




ACUTE PERICARDITIS

Etiopathogenesis:



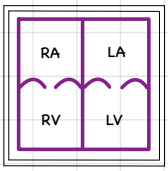


Etiology — MCC →

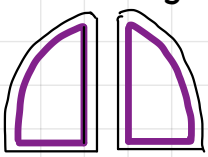
— Other →

C/F →

O/E →

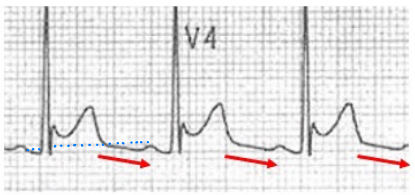


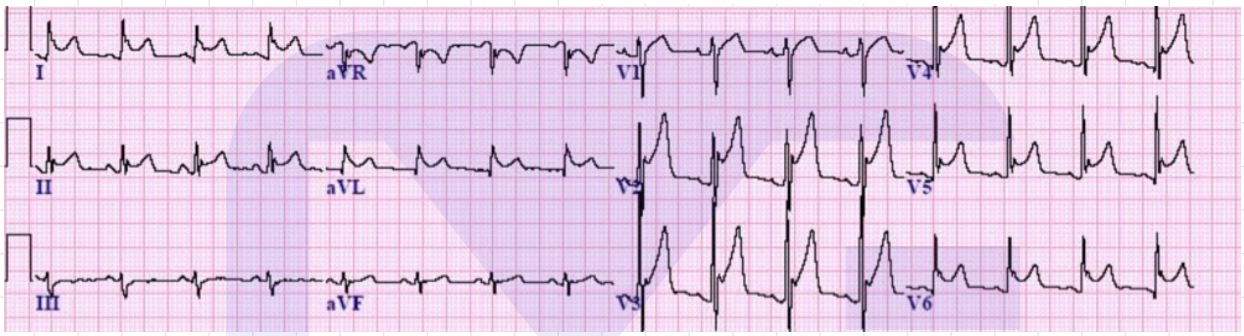
Also know - friction rub in ……
But On holding the breath -



ECG →

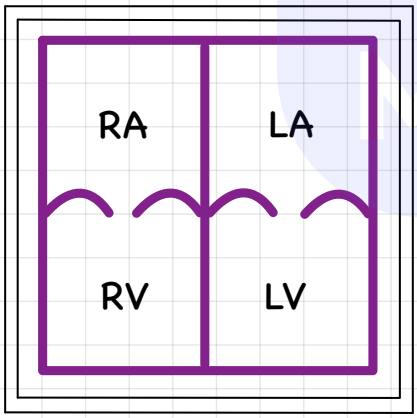


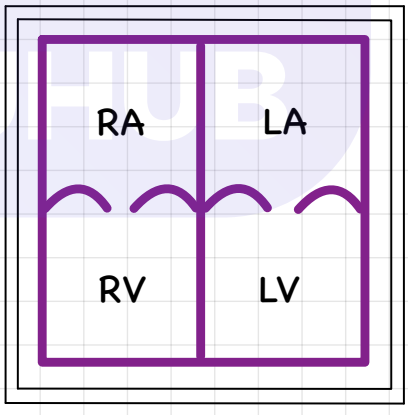




Rx→

CONSTRICTIVE PERICARDITIS





Etiology →

C/F →

O/E →JVP …… -> X descent …… …… & Y descent ……
—> kussmaul sign -……

Normally -On inspiration SBP …… But not more than …… mm of Hg.

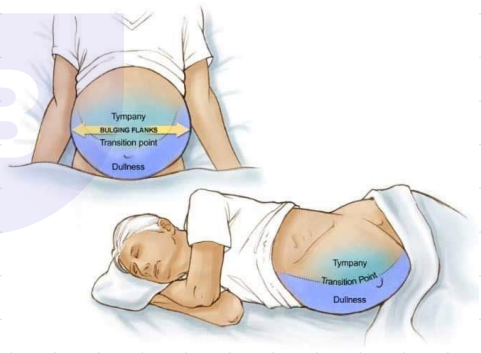
If - On inspiration SBP …… But more than …… mm of Hg c/a -……

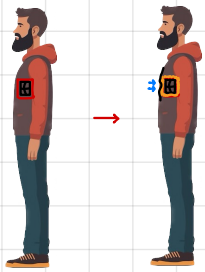
Pulsus paradoxsus is also seen in …… & …… …… ……

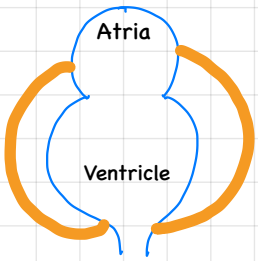
For ascites - …… ……test ……
- ……
- ……





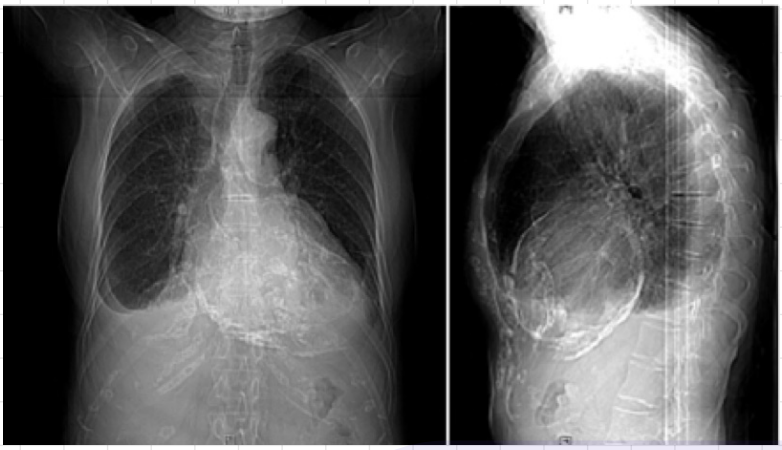




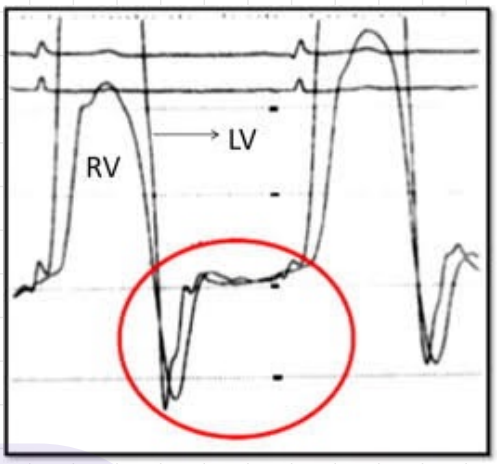


On auscultation - during
…… →

Cxr

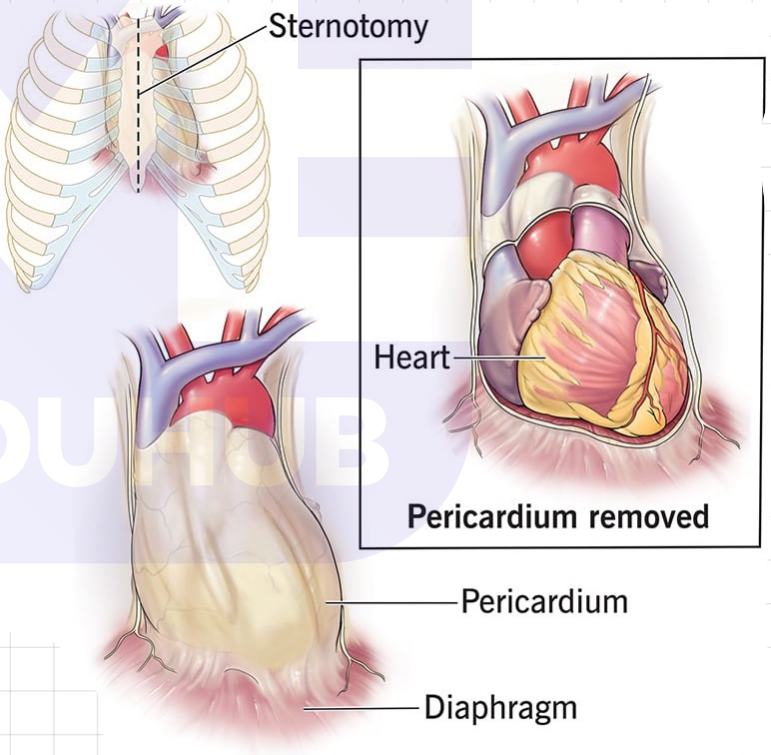


Echo

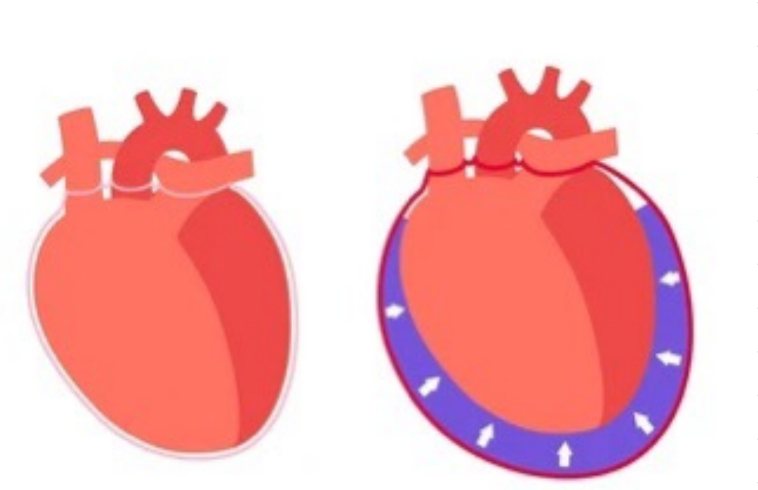


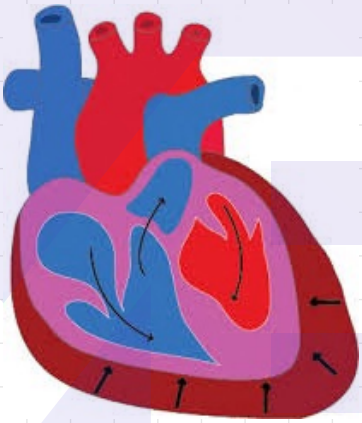
Also seen in -

Rx—



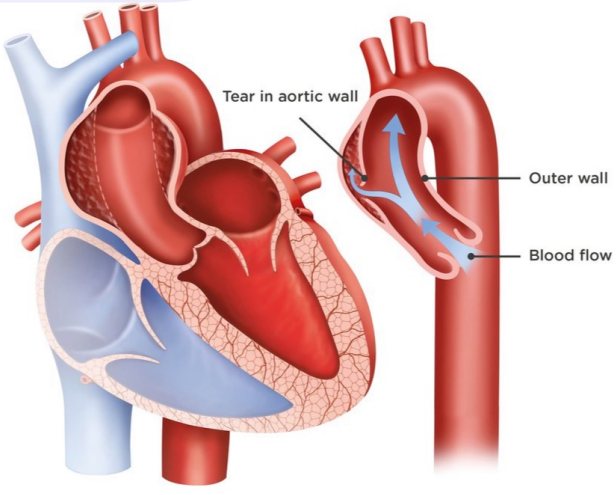
PERICARDIAL EFFUSION

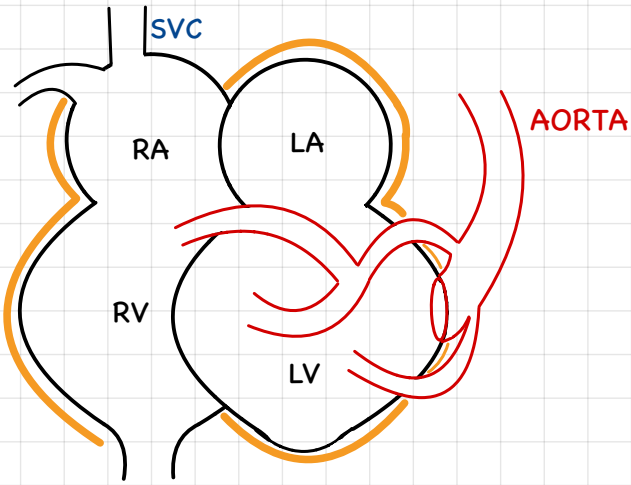


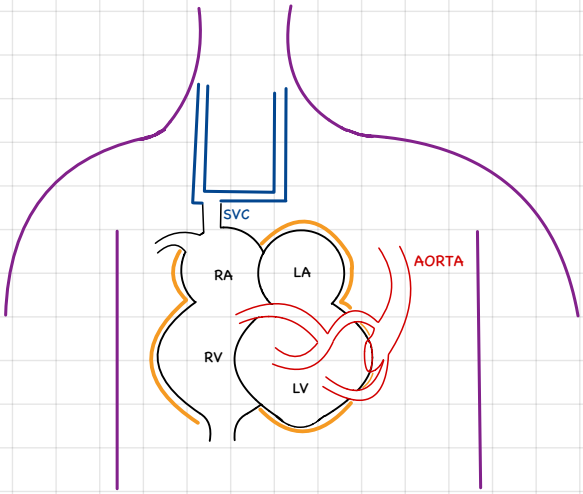


CARDIAC TEMPONADE

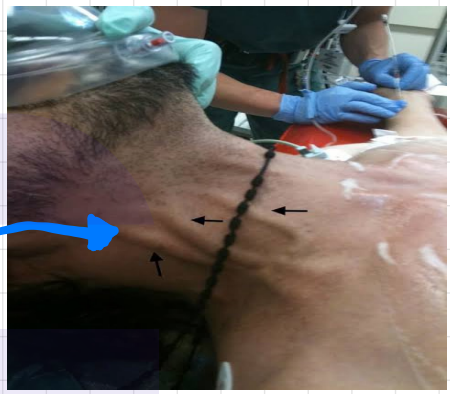
Etiology –







C/F –

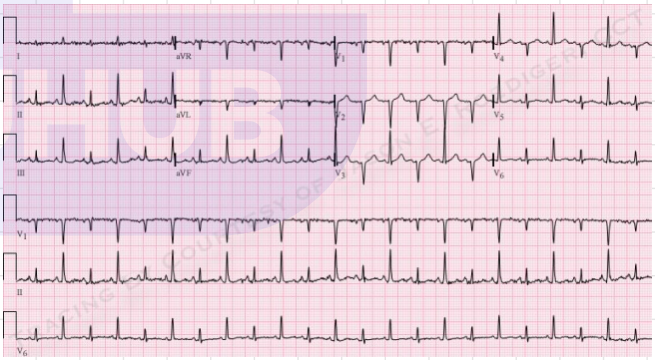


O/E – • Bulging in epigastric area -

• On inspiration - SBP …… > ….mm of hg c/a -
But if patient in shock -

So While taking the BP in CT- patient should breath ……

ECG –

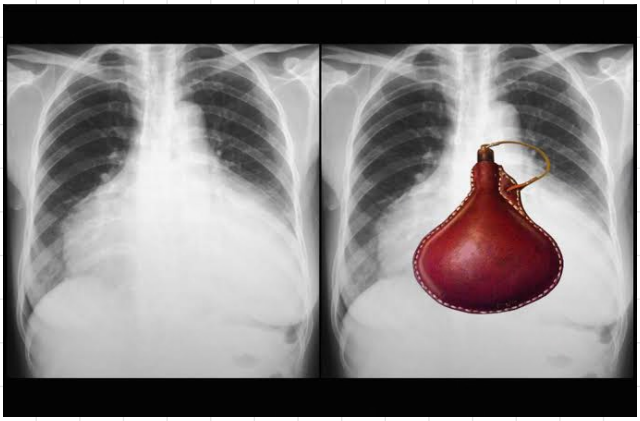


JVP – X

– Y

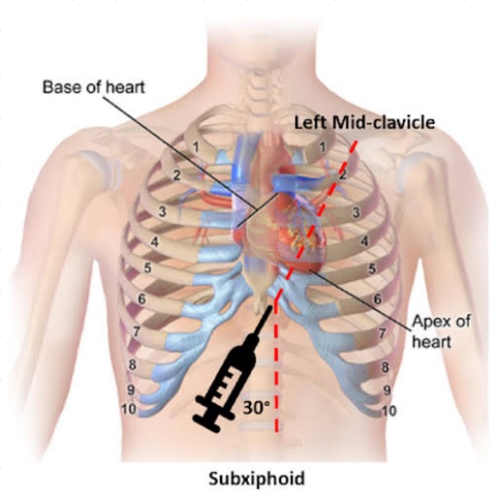
Kussmaul sign -

CxR –



ECHO –

Rx –



SUMMARY OF PERICARDIAL DISEASE

CONSTRICTIVE PERICARDITIS	CARDIAC TEMPONADE
Etiology	Etiology:
NOT a common C/F	C/F - BP - -
JVP - X - Y	JVP - X - Y
Kussmaul Sign _____	Kussmaul sign _____
Pulsus paradoxsus _____	Pulsus paradoxsus ____
CxR	CxR:
Echo - -	ECG:
Rx	Rx: