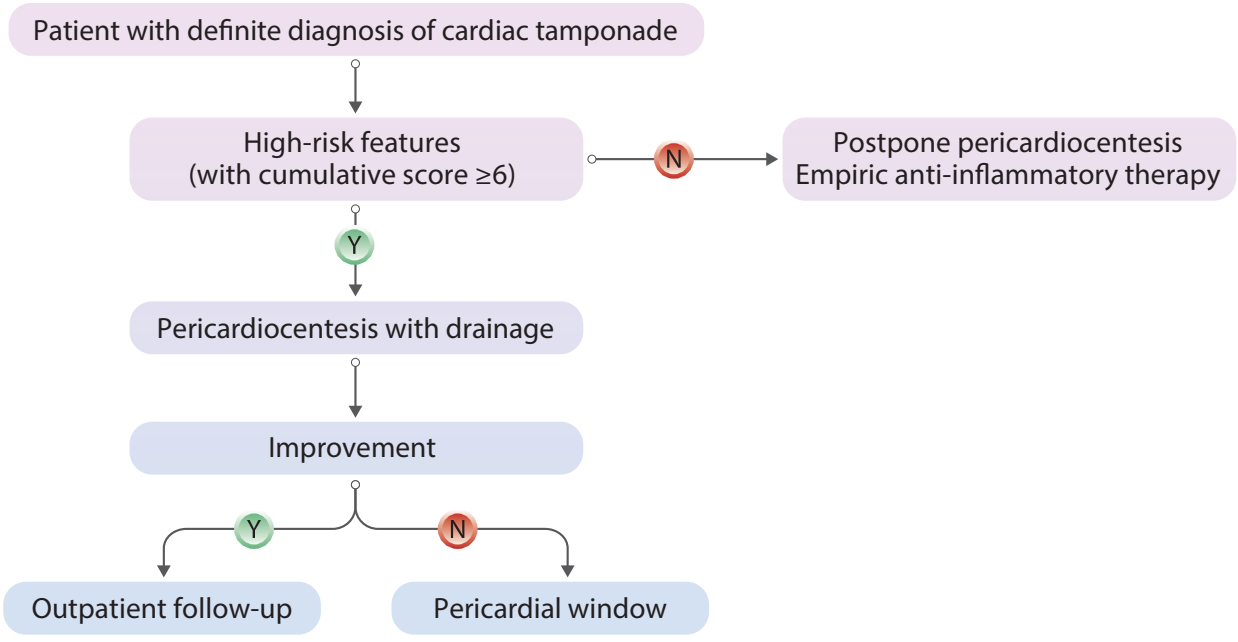

Criteria for triage for patients with pericardial effusion at risk for progression to cardiac tamponade					
Aetiology		**Clinical presentation**		**Imaging**	
Malignant disease	2	Dyspnoea/tachypnoea	1	Cardiomegaly on chest x-ray	1
Tuberculosis	2	Orthopnoea	3	Electrical alternans on ECG	0.5
Recent radiotherapy	1	Hypotension (CBP <95 mmHg)	0.5	Microvoltage on ECG	1
Recent viral infection	1	Progressive sinus tachycardia	1	Circumferential large PEff	3
Recurrent PEff	1	Oliguria	1	Moderate PEff	1
Chronic terminal renal failure	1	Pulsus paradoxus (>10 mmHg)	2	Small PEff	-1
Immunosuppression	1	Pericardial chest pain	0.5	Right atrial collapse	1
Dysthyroidism	-1	Pericardial friction rub	0.5	IVC dilated not collapsible	1.5
Systemic autoimmune disease	-1	Rapid worsening of symptoms	2	Right ventricular collapse	1.5
		Slow disease evolution	-1	Left atrial collapse	2
				Mitral/tricuspid respiratory flow variations	1
				Swinging heart	1

Figure 12 Management of cardiac tamponade. CBP, central blood pressure; ECG, electrocardiogram; IVC, inferior vena cava; N, no; PEff, pericardial effusion; Y, yes. Criteria are listed for the evaluation of patients by immediate or delayed pericardiocentesis based on expert consensus. Immediate pericardiocentesis should be considered if there are >6 points from at least two categories.

4.5.5. Constrictive pericarditis

Pericardial constriction is a chronic condition characterized by a thickened, fibrotic, and often calcified pericardium that leads to impaired diastolic filling of the heart. It should be named CP when associated with pericarditis. Constrictive pericarditis is a consequence of chronic pericardial inflammation and is characterized by scarring, fibrosis, and loss of elasticity of the pericardium. The main symptoms are dyspnoea, oedema, orthopnoea, and fatigue. The classic clinical picture is usually characterized by isolated right HF with normal or nearly normal natriuretic peptide levels. Venous congestion, hepatomegaly, pleural effusions, and ascites may occur.[110,115,119] Constrictive pericarditis should be treated empirically with anti-inflammatory therapy. Cases after failure of medical therapy and pericardial constriction without pericarditis should be referred for pericardiectomy without delay (*Figure 13*).