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Thirty year experience of constrictive pericarditis: one-hundred and forty cases with a long-term follow-up
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Methods: Retrospective analysis of all operated cases of CP. Clinical data, surgical findings and long-term follow-up of patients operated of Constrictive Pericarditis (CP), 2. To identify independent predictors of poor outcome after pericardectomy. Retrospective analysis of all operated cases of CP. Clinical data, surgical findings and follow-up were recorded.
Results: Between 1978 and 2012, 140 patients underwent pericardiectomy for CP (Males = 90 (71%), age 54-years-old, range (17-87)). Clinical presentation: Congestive heart failure (114, 88%), chest pain (67, 48%), fever (55, 39%). Forty-nine patients (35%) were in an advanced NYHA class (III or IV) before surgery. The most frequent etiology of CP was idiopathic (71%). In patients with a specific cause of CP, tuberculosis (11%) was the most frequent diagnosis. Sixteen patients (11%) died perioperatively. Predictors of perioperative mortality were age (66±11 vs. 53±16 years, p=0.002), NYHA status III or IV (31% vs. 62%, p=0.014) and presence of pericardial effusion (27% vs. 60%, p=0.01). Overall mortality during follow-up (FU) (12 years range 1997-2017) was 39%. Long-term FU analysis (124 patients) showed that independent predictors of death were age at surgery (HR 1.05, 95% CI: 1.017-1.088), a previous episode of acute pericarditis (HR 2.93, 95% CI: 1.72-4.98), and presence of pericardial effusion (27% vs 60%, p=0.01). Overall mortality during follow-up (FU) (12 years range 1997-2017) was 39%. Long-term FU analysis (124 patients) showed that independent predictors of death were age at surgery (HR 1.05, 95% CI: 1.017-1.088), a previous episode of acute pericarditis (HR 2.93, 95% CI: 1.72-4.98), and presence of pericardial effusion (27% vs. 60%, p=0.01).
Conclusions: Idiopathic pericarditis is the most frequent cause of CP. Perioperative mortality is high. Factors associated with a poor perioperative outcome are age, NYHA status and moderate or severe pericardial effusion. Long-term FU shows that independent predictors of poor outcome are age at surgery, advanced NYHA status and a previous episode of acute pericarditis.