

Calcific constrictive pericarditis



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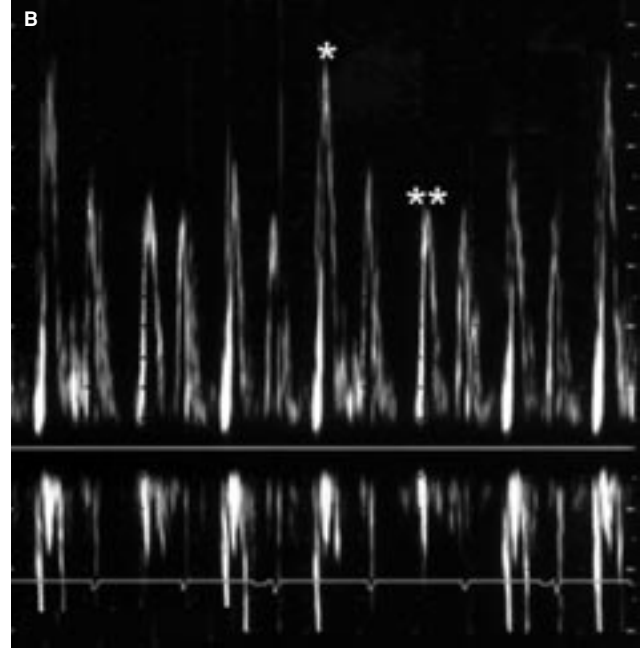
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she had jugular venous distention, ascites, an enlarged liver, and pitting edema. Her electrocardio-

A 53-year-old woman presented with worsening dyspnea on exertion, abdominal swelling, and edema of the legs. She had a history of pulmonary tuberculosis at 30 years of age. On physical examination,

she had jugular venous distention, ascites, an enlarged liver, and pitting edema. Her electrocardio-

Kalsifik konstriktif perikardit



gram revealed low voltage in both extremity and precordial leads. A left lateral telecardiogram revealed thick intense calcification of the pericardium enclosing the heart (Fig. A). Transthoracic echocardiography showed thickened pericardium with increased echogenicity and respiratory variation of 40% in left ventricular inflow (Fig. B). She was offered surgical pericardiectomy with the diagnosis of constrictive pericarditis; however, she was then lost to follow-up.

Figures. (A) Left lateral telecardiogram showing thick intense calcification of the pericardium consistent with constrictive pericarditis. (B) Increased respiratory variation of mitral E velocity on pulsed-wave Doppler echocardiography of left ventricular inflow.