Treatment

Treatment aims to relieve pain, treat acute flare-ups by controlling inflammation, and prevent recurrences.

The 2025 French national guidelines propose:

▶ First-line treatment = combination of 2 treatments :

-**Non-steroidal anti-inflammatory drugs** (NSAIDs) (aspirin or ibuprofen)

-**Colchicine** which will be prescribed for 3 months in the case of a first episode and for at least 6 months in the case of recurrence.

▶ Second-line treatment
• Interleukin 1-inhibiting biotherapy (Anakinra) may be offered by specialised departments in case of refractory pericarditis only

▶ Treatment should also target the underlying cause if it is identified.

▶ Corticosteroid therapy is no longer recommended except in specific cases (lupus, post-surgery).

▶ Pericardial drainage is exceptional, reserved for abundant effusions with repercussions.

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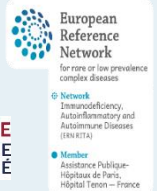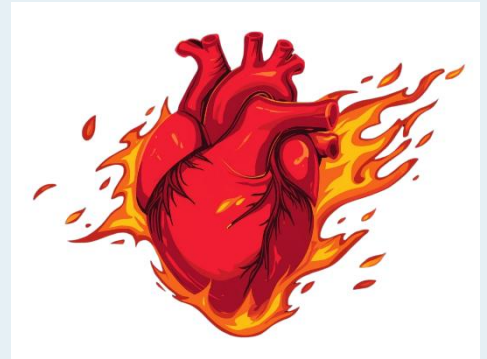Tel: +33 (0)1 56 01 74 31
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Recurrent pericarditis

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Recurrent pericarditis

Definition

Recurrent pericarditis is the reappearance of acute pericarditis (inflammation of the membrane surrounding the heart) after an asymptomatic period of at least 4 to 6 weeks.

It can be caused by various factors, such as infections (particularly viral infections), immunoinflammatory diseases, or post-surgical conditions. But in most cases the cause is not identified, and it is then referred to as idiopathic and/or viral pericarditis.

Epidemiology

This is a rare disease. The risk of recurrence after acute pericarditis is estimated between 20 and 30%.

Only 5 to 10% of patients are at risk of multiple recurrences.

It most often affects young or middle-aged individuals, with no gender predominance.

Etiology

The main causes of recurrent pericarditis are:

1. Infections:
- Viral: such as coxsackie-virus, herpes, HIV, or other viruses.
- Bacterial: particularly tuberculosis.
- Fungal or parasitic: rarer and mainly in immunocompromised individuals.

2. Systemic diseases:
- Autoimmune: such as systemic lupus erythematosus, rheumatoid arthritis, systemic scleroderma, or Sjögren's syndrome.
- Autoinflammatory diseases such as familial Mediterranean fever or Still's disease, for example.

3. Chest trauma or chest/heart surgeries can be complicated by acute pericarditis, which can develop into recurrent episodes.

4. Certain cancers such as lung cancer, breast cancer, or lymphomas.

5. When no cause is found, pericarditis is considered idiopathic *(the most common case).*

Symptoms

Patients suffer from acute chest pain, behind the sternum, that worsens when breathing deeply, and sometimes a feeling of chest tightness and shortness of breath. Fever can be present.

Diagnosis

The diagnosis of recurrent pericarditis is based on:

- The presence of the typical chest pain +/- fever

- The presence of blood inflammation revealed by blood tests with **elevated** inflammation markers, mainly **C-reactive** protein **(CRP)**.

- Evidence of pericardial effusion (increased pericardial fluid) on cardiac ultrasound or chest CT scan or cardiac magnetic resonance imaging (MRI).

In rare cases, pericardial fluid puncture or even pericardial biopsy may be performed to confirm the diagnosis and investigate specific causes, particularly if inflammatory or infectious diseases are suspected.

If CRP is not elevated, reconsider the diagnosis and seek expert advice.