P647

Constrictive pericarditis - a rare entitiy, often missed

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Case of a 14 yrs old girl, presenting with abdominal distension, odema feet and occasional dyspnoea.

Evaluated with USG abdomen s/o hepatomegaly, ascitis, and GB wall thickening, blood reports all normal, including LFT, CBC, creatinine, and TSH. Pt had no h/o fever, or cough, dyspnoea, loose motions, jaundice.

ECG and CXR were also normal.

Started on diuretic with some response but odema and abdominal distension persisted, so admitted to our hospital after 4-5 months of illness for complete work up of her disease.

We did echocardiography which showed dilated RA and LA, with septal bounce, and variation in Mitral Valve Doppler velocities with respiration, also annulus reverses, with Lateral MV tissue Doppler velocity being less than the medial Mitral Valve annulus , also there was Inferior Vena Cava plethora, with dilated hepatic veins, with flow reversal in it with expiration. Also the pericardium was thickened and measured 5mm in a small girl. All these findings went in favour of constrictive pericarditis.

We went ahead and did cardiac MRI, which confirmed our findings and showed pericardium being thickened, 5mm, and septal bounce. Also there were e/o mediastinal nodes.

All these went in favour of constrictive pericarditis, with Kochs as the cause.

This has been diagnosed recently on 13 th December only and now we have started the pt on steroids with Anti Tuberculosis Treatment and waiting for her response.

This is being presented for the rarity of the disease, and how we need to keep on doing investigations and keep our eyes open of a rare disorder, to be diagnosed and relieve the patient of its symptoms.