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Fibrinous Pericarditis: A Case Report

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ABSTRACT

In a 55 years old male cadaver, obtained from Mental Hospital, Yerawada, a large heart, with a fatty appearance was found during routine dissection. The pericardium was adherent to the adjacent mediastinal and diaphragmatic pleura. The outer surface of the fibrous pericardium was laden with fat. The epicardial surface of the heart and the inner surface of the pericardium were rough due to deposition of fibrin. We report here a case of fibrinous pericarditis, confirmed by histopathological study of the tissues. Studies revealed inflammation of the pericardium and myocardium, and congested pericardial blood vessels. No other abnormality was found.

Keywords :

Introduction

Pericarditis is an inflammation of the fibrous sac (pericardium) surrounding the heart. It is generally secondary to diseases in the heart. Pericarditis may occur due to a variety of causes, including viral infections of the pericardium, idiopathic causes, uremic pericarditis, bacterial infections of the pericardium, post-infarct pericarditis, or Dressler's pericarditis.

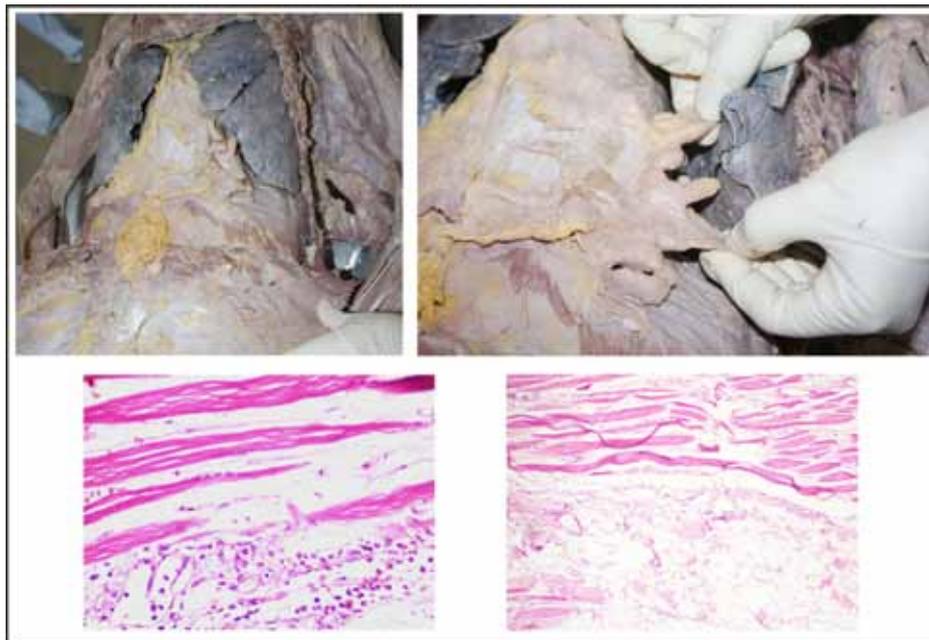
On the basis of the composition of the inflammatory exudates, pericarditis may be classified into the following types: serous, fibrinous, purulent, caseous, hemorrhagic and post-infarct (1).

Fibrinous pericarditis is an exudative inflammation. The visceral pericardium is infiltrated by the fibrinous exudates (2). This consists of fibrin strands and leukocytes. Fibrin forms an

amorphous, eosinophilic network. Leukocytes (mainly neutrophils) are found within the fibrin deposits and in the pericardium. Vascular congestion is also present. Myocardium may show similar inflammatory changes (3, 4, and 5).

Case Report

During routine cadaveric dissection, a male cadaver, age 55 years, revealed an enlarged middle mediastinum. Fibrous adhesions bound the pericardium to the adjacent mediastinal and diaphragmatic pleura. Excess fat, in the form of lobes, was attached to the outer surface of the fibrous pericardium. When the pericardial cavity was opened, the parietal and visceral surfaces of the pericardium were found to have a typical 'bread and butter' appearance.



Discussion

The main findings of our present studies were as follows:

1. Gross Anatomy

The enlarged middle mediastinum was adherent to the surrounding structures. There was abundant fat, in the form of lobules, attached to the outer surface of the pericardium. Opening the pericardial cavity revealed a typical 'bread and butter' appearance of the serous pericardium. It was typical of fibrinous pericarditis, wherein the cardiac surface is characteristically covered by dry or moist, and shaggy, fibrinous exudates. There may be presence of leukocytes and erythrocytes, and often fibrin (2).

2. Histopathology

Histopathological studies showed typical inflammatory changes in the pericardium as well as in the myocardium. The tissues were edematous. Pericardial vessels showed congestion. Lymphocytes were seen in the tissue spaces.

In most cases fibrinous pericarditis resolves without any squeal (6). However, in some cases, wide areas of cross-linked fibrin exudates, particularly on the epicardium, may later lead to adhesions between pericardium and epicardium that interfere with ventricular contraction (7).

Besides fibrinous pericarditis, no other abnormality was detected in the cadaver.

Acknowledgement

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