

Abstract No. **43**

Category: **Non Invasive Imaging**

Title: **Diagnosis And Outcomes Of Pericardial Tuberculosis**

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Abstract:

Background: Pericardial tuberculosis (PTB) is the main cause of pericardial disease in Africa and is associated with HIV infection. PTB causes pericarditis, pericardial effusion and constrictive pericarditis and It is associated with mortality. The relative use of diagnostic methods for PTB and outcomes in patients without HIV infection in Colombia are unknown.

Methods: We conducted a retrospective study in Hospital Universitario San Ignacio at Bogota, Colombia in 11 consecutive patients with adjudicated PTB and no HIV infection during the 2010–2018 period. We observed the comorbidities, diagnostic methods and findings, the interventions and the outcomes during hospitalization and 1 year after discharge.

Results: We identified definitive PTB in 9 cases and probable PTB in 2 cases. Definitive cases of PTB had bacteriological confirmation with culture in pericardial fluid or biopsy in 6 cases, positive Xpert MTB/RIF test in 1 case, compatible histology with acid – fast bacilli positive staining in 1 case and milliary tuberculosis with positive culture in 1 case. Probable PTB was suspected with compatible histology and response to treatment.

Most patients presented with echocardiographic changes of severe pericardial effusion and 3 (27%) had cardiac tamponade without hemodynamic instability. Interventions were necessary in all cases, with 1 patient needing only pericardiocentesis, 7 patients required open surgical drainage and 3 required both. During surgical interventions a pericardial biopsy was performed. Results showed granulomatous and thickened pericardial layers in 7 cases and constrictive scarring in 1 case, the remainders showed chronic pericarditis. 2 patients developed constrictive pericarditis (18%) and 4 patients recurred the pericardial effusion (36%), but only one required a second intervention (9%). An unexpected finding was that 3 patients had pulmonary embolism at diagnosis or later (27%). A not related to PTB mortality was registered.

Conclusion: PTB is a challenging diagnosis. Patients present with pericardial effusion and some with cardiac tamponade. Interventions are necessary for definitive diagnosis and some patients develop complications.