

Tuberculous pericarditis

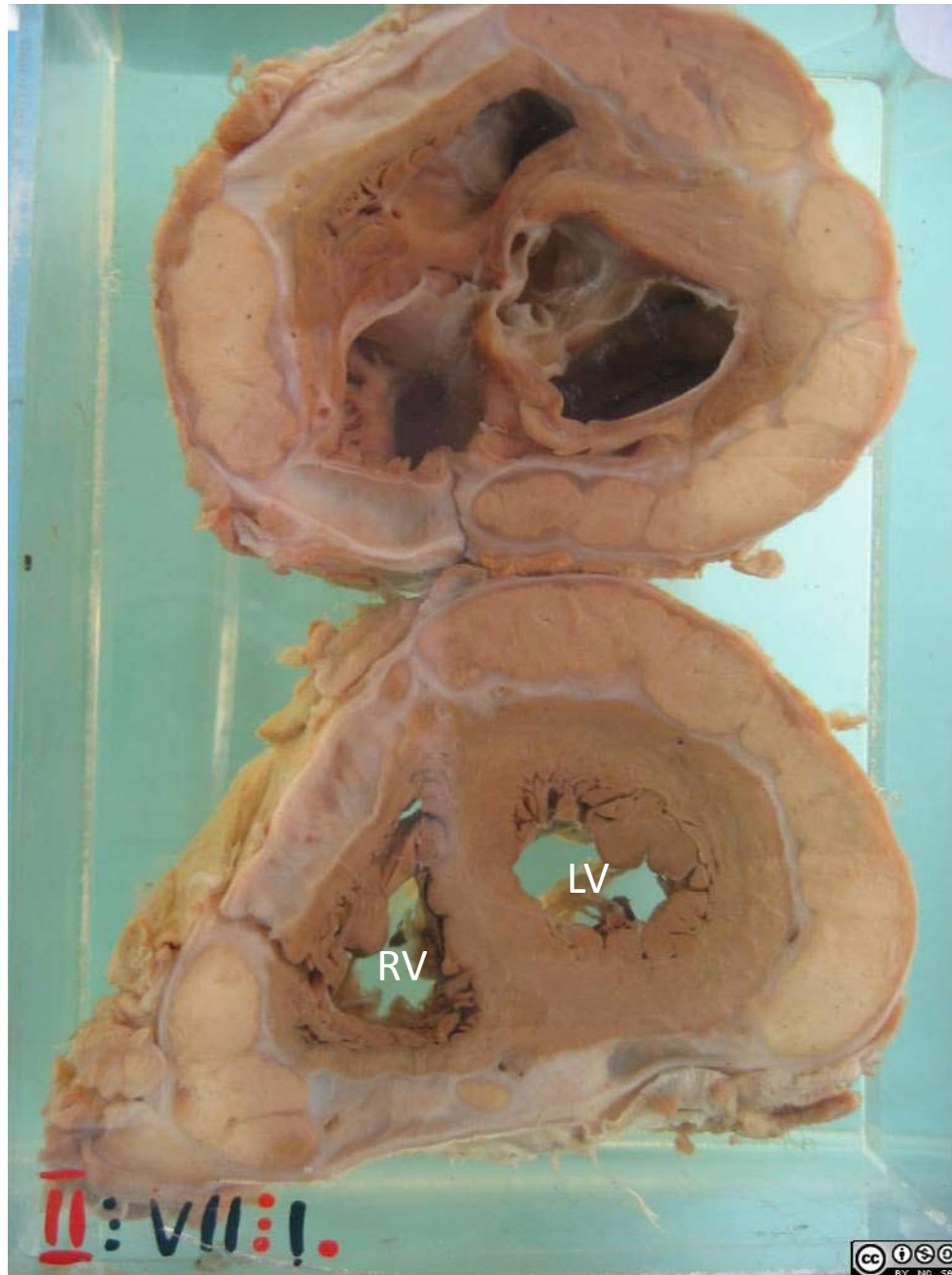


Digital Pathology Collection

Case 4 2009

Ref. II:vii:1



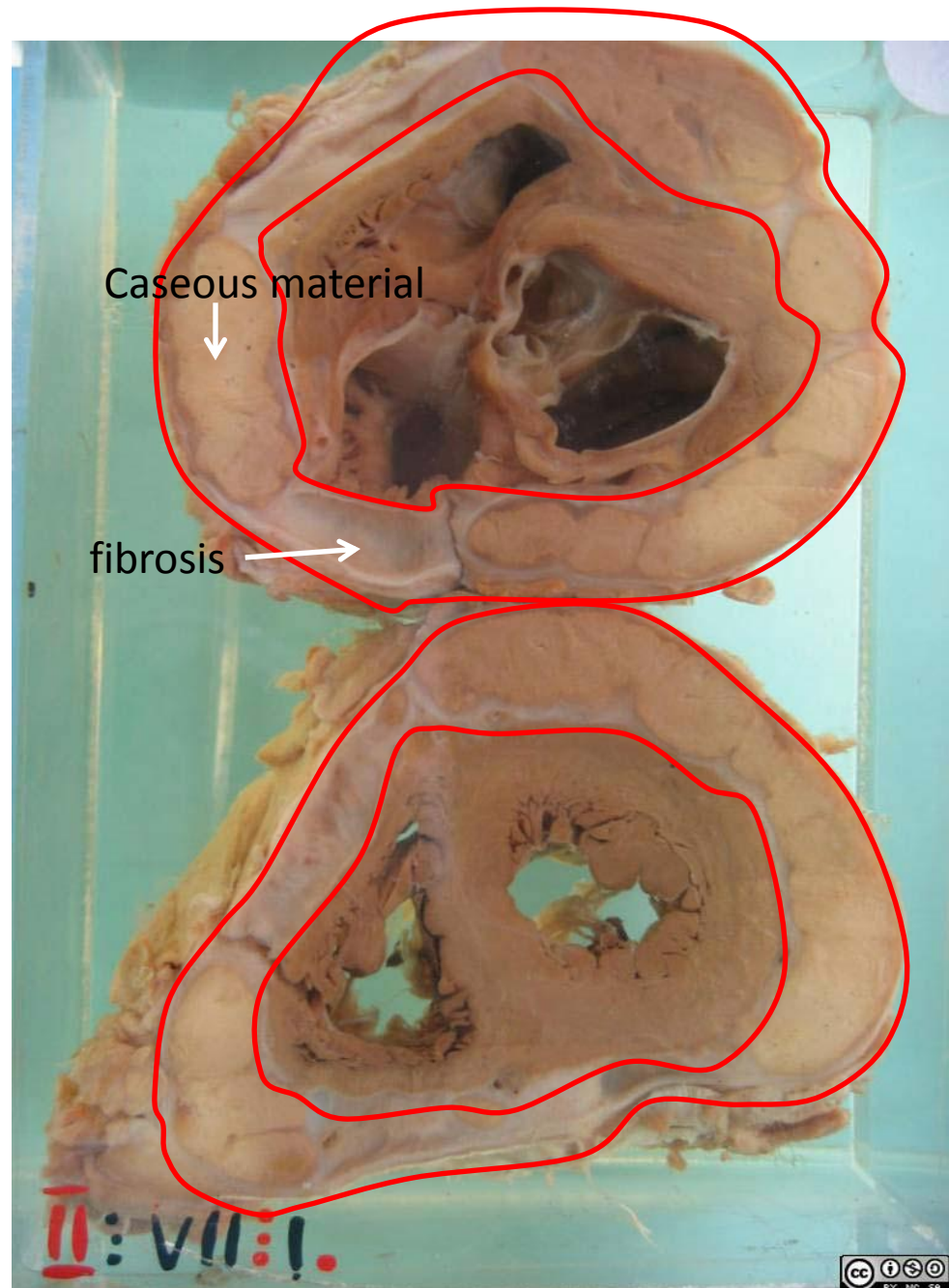


- Here we have two transverse sections through a heart.
- The lower section cuts through the left and right ventricles.
- The upper section has been made near the base of the heart where the great vessels enter and exit.

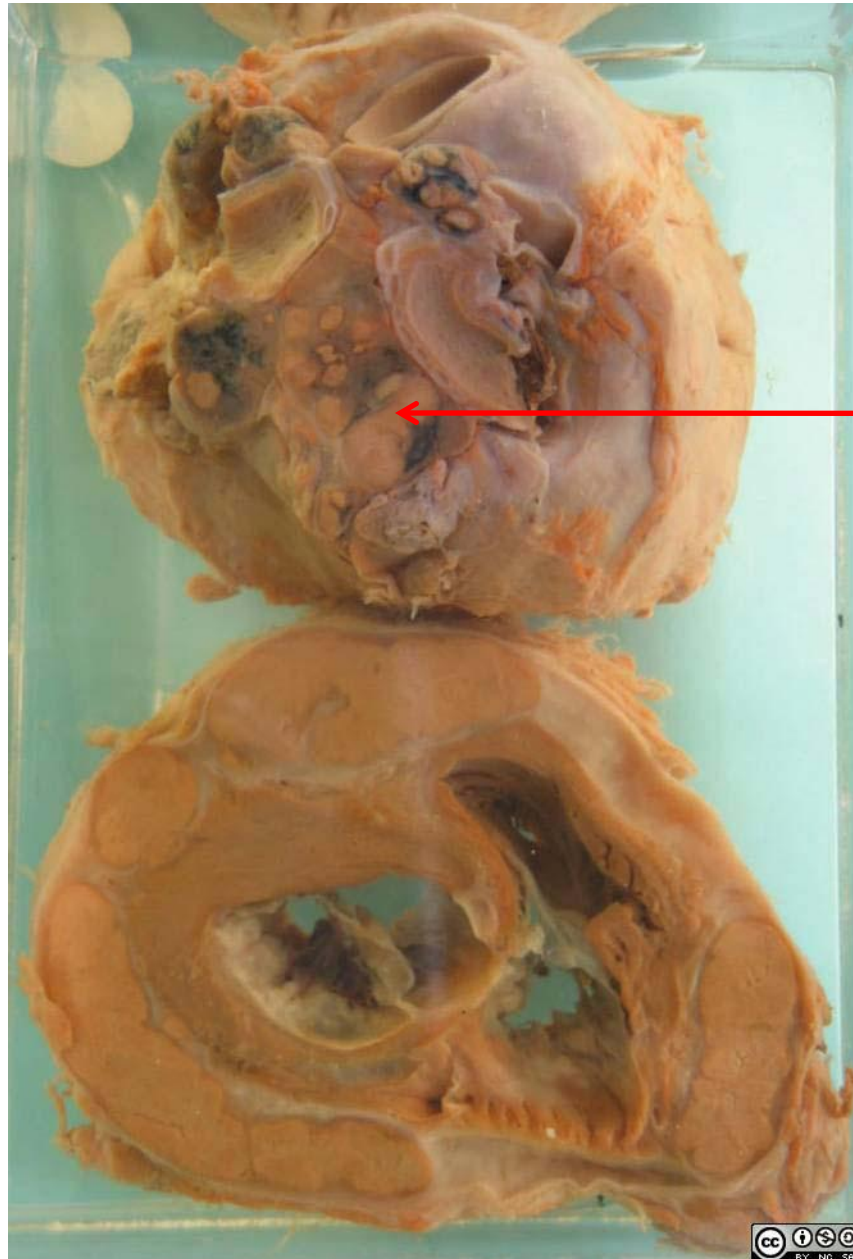
- The pericardium is a double walled membranous sac that encloses the heart.
- Between the parietal (outer) and visceral (inner) pericardial layers lies the pericardial cavity, a slim, fluid-filled space.



- Here the pericardial cavity is grossly widened by large areas of caseation in a shell of organised fibrosis.
- This is the late stage of tuberculous pericarditis.
- Probably at an earlier stage there would have been an exudative effusion, amenable to aspiration.



The bottle has
been reversed.



Adherent
caseous
lymph nodes
at base of
heart



- Unfortunately no clinical data was recorded for this patient.
- He would undoubtedly have had symptoms and signs of a **constrictive pericarditis**, such as dyspnoea and venous congestion.
- His heart has gradually been compressed and cardiac output reduced.
- On auscultation the heart sounds would be muffled. A 'pericardial knock' might be heard; this is a early diastolic sound caused when the rigid pericardium abruptly halts ventricular filling.
- There would be ECG and echographic changes, and the pericardial thickening would best be seen on CT or MRI scan.



- Tuberculosis is a rare cause of pericarditis and constrictive pericarditis in the developed world.
- However, tuberculous pericarditis is common in Africa and is increasing due to the HIV epidemic
- Treatment is anti-tuberculous therapy and sometimes pericardiectomy is required.
- An in-depth review by Professor Bongani Mayosi is available at <http://www.circ.ahajournals.org/cgi/content/full/112/23/3608>





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