

# A case of decompensated cirrhosis and constrictive epicarditis

Niewyrównana marskość wątroby i zaciskające zapalenie nasierdza – opis przypadku

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A 65-year-old man was admitted to our Department due to decompensated cirrhosis. The patient developed ascites, he did not complain about any other disorder. He was diagnosed and treated because of liver disease for the first time in his life but in abdominal ultrasonography from 2013 (hospitalization because of bleeding from peptic ulcers) manifestations of cirrhosis can be noticed.

In the physical examination that was conducted on admission, ascites, peripheral oedema and telangiectasias were the only noted abnormalities. Jugular veins were normally extended. We did not observe a presence of tachycardia, the blood pressure was 110/70 mmHg. While taking medical history we noticed pericardiectomy because of calcified constrictive pericarditis in 1984. The subject had also hypertension, permanent atrial fibrillation (AF).

In abdominal ultrasonography we observed cirrhosis, some calcification and ascites. The gastroscopy showed: esophageal varices, duodenum stenosis, and portal gastropathy.

Routine laboratory tests revealed elevated levels of: ALP – 164 U/l, bilirubin – 2.21–2.84 mg/dl, GGTP – 86–133

U/l, LDH – 305 U/l, NT-proBNP – 633 pg/ml, but CRP, WBC, troponin I, ALT, AST, AFP, protein, albumin and ammonia levels were normal.

We initiated treatment with diuretics: furosemide and spironolactone, we withdrew from paracentesis because of cardiological load. Additionally, the patient received carvedilol and dalteparin. A liver diet was provided.

We excluded the major causes of cirrhosis. The patient negated alcohol abuse, however in 1970s he had excessive alcohol intake. He did not take any hepatotoxic drugs. We excluded hepatitis B and C, hemochromatosis, Wilson's disease and other major cases of chronic liver disease.

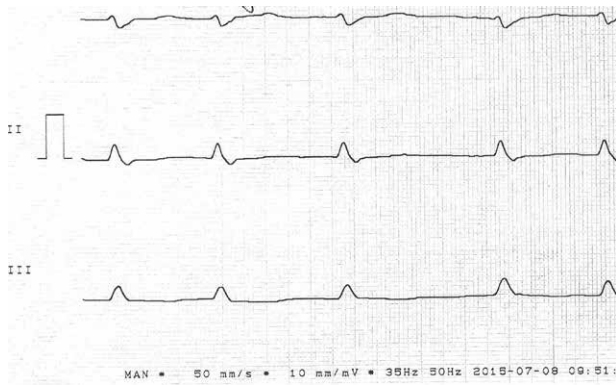
Electrocardiography showed a low voltage, generalized T wave flattening or inversion, and atrial fibrillation. Chest radiography revealed enlargement of the heart, pulmonary congestion, and pleural effusion. Echocardiography revealed constrictive pericarditis.

The patient was already treated with pericardiectomy and thus we needed to evaluate pericardium presence in computer tomography. The right ventricle was triangular (length: 85 mm, width base: 48 × 50 mm, width

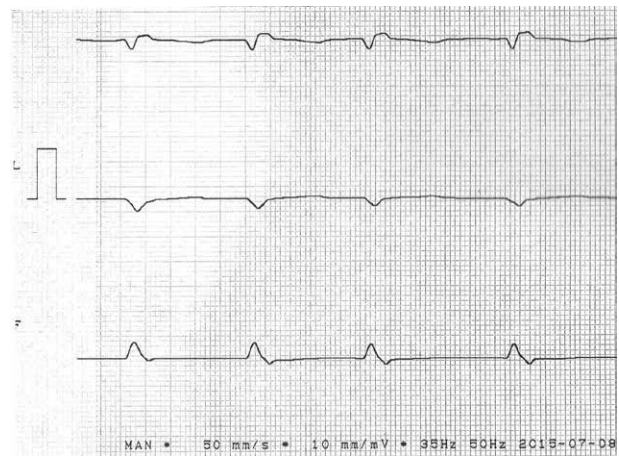
centre:  $14 \times 15$  mm, width apex:  $21 \times 21$  mm), atrium ( $101 \times 78$  mm), the pericardium was resected from the

right site of heart. A lot of calcifications were noticed. Finally we diagnosed constrictive pericarditis (fig. 1–4).

**Figure 1a. ECG.**



**Figure 1b. ECG.**



**Figure 2. XRC.**

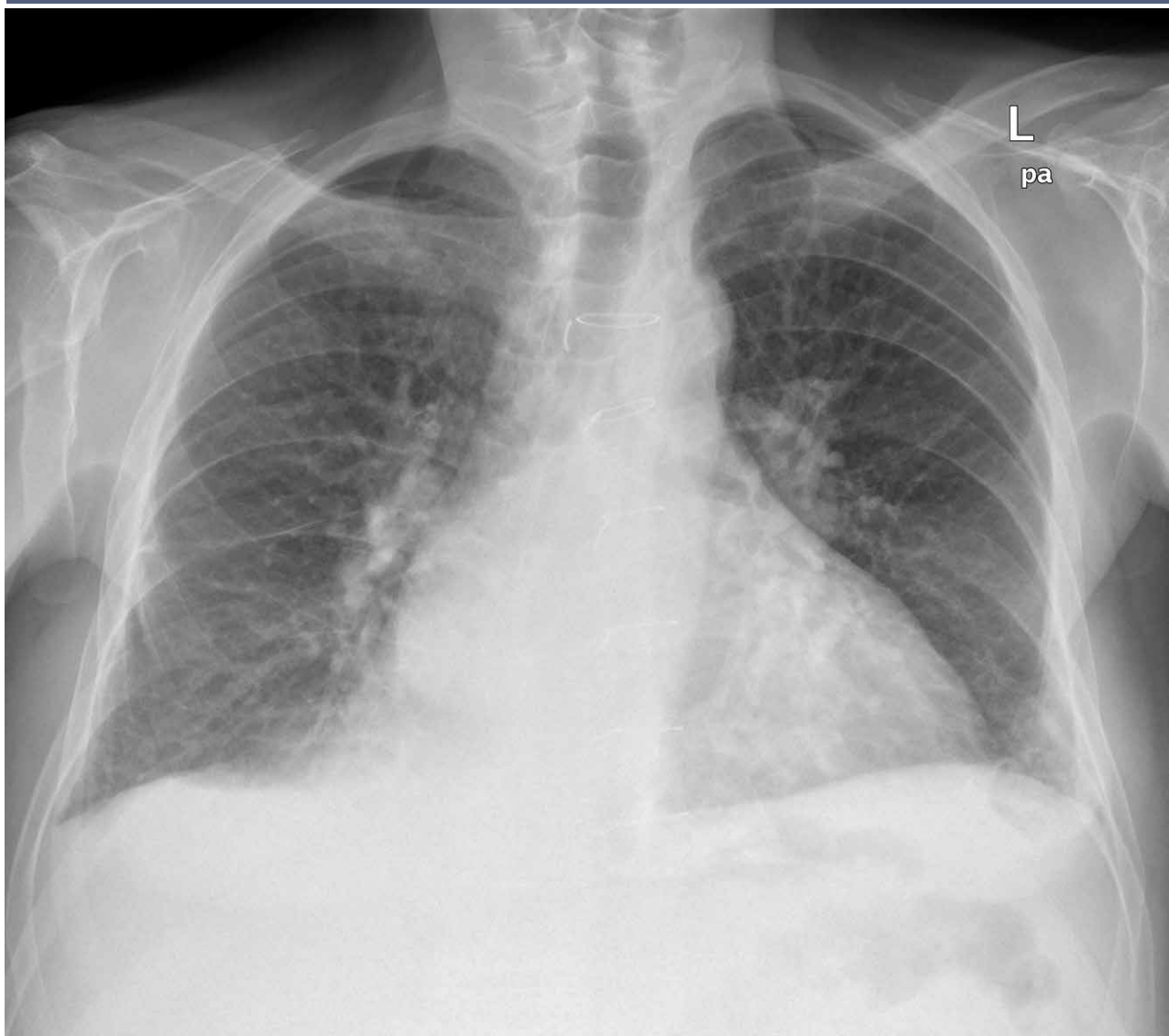


Figure 3. CT.

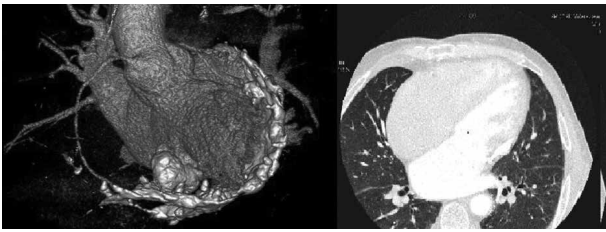


Figure 4. Liver US.



The treatment was modified and intensified. Due to the diagnosis of AE, warfarin was also prescribed.

The patient was consulted with cardiac surgeon and cardiologist and disqualified from surgical treatment. The response following the medical treatment was quite pos-

itive, and the patient was discharged from the hospital in a good condition.

We report this case to show that it is important to establish the cardiological state of the patient with newly diagnosed liver disease, even if the subject does not have a wide range of symptoms of heart failure. The differential diagnosis of cirrhosis should always include also cardiological reasons because the further management and prognosis is largely dictated by the aetiology of disease. The damage of liver tissue can also modify pharmacokinetic of drugs, which influence their safety and effectiveness [1].

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Wszyscy autorzy w równym stopniu przyczynili się do powstania artykułu.

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## STRESZCZENIE

Przedstawiamy przypadek 63-letniego mężczyzny, który został przyjęty do naszej kliniki z powodu zdekompenso- wanej marskości wątroby. Wykluczyliśmy główne przyczyny tej choroby, aby wreszcie zdiagnozować zaciskające zapalenie nasierdza.

Chcemy pokazać, jak istotne jest ustalenie stanu kardiologicznego pacjenta ze świeżo zdiagnozowaną chorobą wą- troby, nawet jeśli nie obserwujemy u niego objawów niewydolności serca. Diagnostyka różnicowa marskości wątro- by powinna zawsze uwzględniać także przyczyny kardiologiczne, ponieważ dalsze leczenie i rokowanie są znacząco zależne od etiologii choroby.

**Słowa kluczowe:** zapalenie nasierdza, marskość wątroby, zaciskające zapalenie nasierdza

## ABSTRACT

We report a case of a 65-year-old man, who was admitted to our Department due to decompensated cirrhosis. We excluded the major causes of disease. Finally we diagnosed constrictive epicarditis.

We want to show that it is important to establish the cardiological state of the patient with newly diagnosed liver disease, even if the subject does not have a wide range of symptoms of heart failure. The differential diagnosis of

cirrhosis should always include also cardiological reasons because the further management and prognosis is largely dictated by the aetiology of disease.

**Key words:** epicarditis, cirrhosis, constrictive epicarditis

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