



American Heart Association®

Addressing Recurrent Pericarditis

RECURRENT PERICARDITIS DIAGNOSIS

Recurrent pericarditis occurs when you get pericarditis a second time or repeatedly, after being symptom-free for at least four weeks.

Depending on your age and medical conditions, a primary care doctor, cardiologist, rheumatologist or infectious disease specialist may treat you. To determine if you have another case of pericarditis, the doctor will listen to your heart for any rubbing sounds and might confirm the diagnosis with one or more of the following tests:



If you have chest pain, you should always call 911 in case you are having a heart attack or other cardiac emergency. Even if you have other symptoms that don't feel like an emergency or you assume you have another case of pericarditis, you should still see a doctor to be properly diagnosed and treated.

Blood test: Can reveal an abnormally high white blood cell count or other signs of inflammation.

EKG (electrocardiogram): Measures the heart's electrical activity and detects an abnormal heart rhythm.

Chest X-ray: Takes pictures of the heart, lungs and blood vessels in the chest. It can show if the heart is enlarged due to excess fluid in the pericardium and any signs of infection, sarcoidosis or malignancies that can cause pericarditis.

Echocardiogram: Uses sound waves to create pictures of the heart's size, shape and how it's working. This can reveal fluid buildup in the pericardium.

Cardiac CT (Computed Tomography): A specialized type of X-ray that takes a clear, detailed, cross-sectional picture of the heart. It can help identify inflammation, thickening, or calcification of the pericardium, as well as fluid buildup.

Cardiac MRI (Magnetic Resonance Imaging): Also called CMR, this test uses strong magnets and radio waves to create detailed images of the heart and surrounding tissues. It is especially useful for detecting inflammation, scarring or structural changes in the pericardium.

Let your doctor know if you've been diagnosed with pericarditis or had symptoms before and if you've recently been sick with any viral infection, such as the flu, herpes or a stomach virus. Also share if you have any autoimmune conditions, such as lupus, scleroderma or rheumatoid arthritis.

Recurrent pericarditis can be difficult to diagnose because it is relatively rare, and patients can go months in between episodes. In patients receiving NSAID therapy – whether as ongoing treatment for a previous episode of pericarditis or for another condition (e.g., arthritis) – symptoms of a recurrent flare may be partially masked. Even if you have been diagnosed in a hospital emergency room or urgent care center, **be sure to tell your primary care doctor or health care professional about every occurrence.** They can make sure you get treated for possible recurrent pericarditis.



Remember to speak up for yourself. Because pericarditis is relatively rare, your health care professional might not be familiar with the symptoms or treatment options. Don't hesitate to get a second opinion or to consult a specialist. Many health care professionals support and encourage patients to get second, and even third, opinions to ensure the best care.

Visit heart.org/recurrentpericarditis for more information.