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Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

CONSTRICTIVE PERICARDITIS IN A 23 YEAR OLD NIGERIAN: A CASE REPORT

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Background: Constrictive pericarditis is a chronic inflammatory disease characterized by a rigid, non-compliant pericardium that impairs diastolic ventricular filling, resulting in features of right-sided heart failure. The condition is uncommon in young adults leading to delayed diagnosis because of its insidious, nonspecific presentation. We report a case of constrictive pericarditis presenting after six years of progressive symptoms in a 23-year-old Nigerian.

Case Presentation: A 23-year-old male with a six-year history of recurrent dyspnea, bilateral leg swelling, and orthopnea being managed conservatively with medications presented with worsening symptoms and right-sided chest pain. Examination revealed a young man in respiratory distress, bilateral pitting pedal edema, ascites, and tender hepatomegaly. Cardiovascular examination demonstrated elevated Jugular venous pressure, displaced apex beat with distant heart sounds, ectopics present while respiratory examination revealed bi-basal crepitations and clinical evidence of bilateral pleural effusions. Investigations done were chest radiography which demonstrated marked cardiomegaly suggestive of pericardial effusion, echocardiography revealed massive pericardial effusion with features of constrictive physiology, bi-atrial dilatation, moderate tricuspid regurgitation, grade I diastolic dysfunction, and mild pulmonary hypertension, electrocardiography, and pericardial fluid analysis. Therapeutic interventions included furosemide, bisoprolol, candesartan, digoxin, clexane, co-amoxiclav, empagliflozin and pericardiocentesis. Following medical therapy and pericardiocentesis, the patient improved symptomatically and was discharged in stable condition.

Conclusions: Constrictive pericarditis should be considered in young adults presenting with unexplained or chronic heart failure symptoms. Early recognition, appropriate imaging, and timely intervention are essential to prevent irreversible cardiac dysfunction and improve outcomes.

Keywords: Constrictive pericarditis; Heart failure; Pericardial effusion; Young adult; Echocardiography.