Pericardial Disease

Pericardial Disease: Patient Volume

**2009 – 2013**

Pericardial disease includes a group of conditions that affect the pericardium, the double-layered sac that surrounds the heart. Cleveland Clinic’s Center for the Diagnosis and Treatment of Pericardial Disease serves patients with a variety of pericardial syndromes. The multispecialty approach used at Cleveland Clinic includes cardiologists, surgeons, and imaging specialists, which enhances collaboration in the management of these diseases. There were 1444 visits to the center in 2013.

![Pericardial Disease: Patient Volume](image)

Pericardial Disease Syndromes in Outpatient Clinic Volume, New and Consult (N = 534)

**2013**

The most common diagnosis among patients seen at the pericardial disease center in 2013 was pericardial effusion (with or without tamponade). The “other” category includes pericardial cysts, neoplasms, pericardial fistula, pericardial thickening, pericardial calcification, and visits for a history of pericardial disease. They collectively account for a small number of visits and are therefore combined in the “other” category.

![Pericardial Disease Syndromes](image)
Pericardial Disease (continued)

Pericardial Disease Etiology (N = 534)

2013
Pericarditis can be caused by a number of conditions; however, it is common for the cause to be unknown. In 2013, a total of 397 patients seen at Cleveland Clinic had pericarditis of unknown origin.

- 74% Idiopathic (N = 397)
- 8% Autoimmune (N = 40)
- 7% Postpericardiotomy syndrome (N = 38)
- 4% Viral (N = 23)
- 4% Other (N = 22)
- 3% Radiation (N = 14)

Pericardial Procedures (N = 152)

2013
Pericardiocentesis accounted for the majority of pericardial procedures performed at Cleveland Clinic in 2013. This percutaneous treatment is used to drain large pericardial effusions in patients, and the use of echocardiography during the procedure helps improve outcomes.

- 54% Pericardiocentesis (N = 83)
- 32% Pericardiectomy (N = 48)
- 14% Window (N = 21)

- Pericardiectomy: 2.19% mortality (4.4% expected)
- Window: 0.0% mortality (8.2% expected)