



# CALCIFIC CONSTRICTIVE PERICARDITIS PRESENTING DECADES AFTER SURGICAL PATENT DUCTUS ARTERIOSUS LIGATION



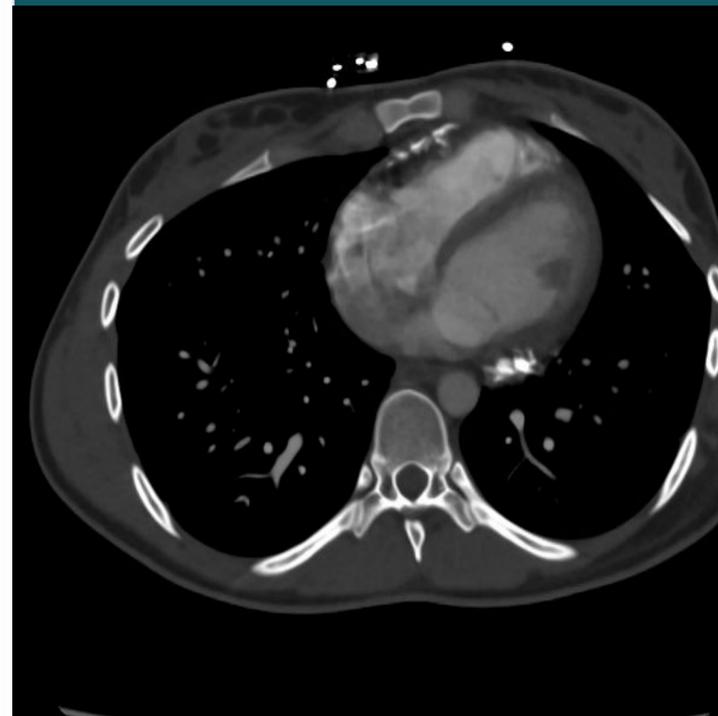
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## Background

Constrictive pericarditis is an uncommon but clinically significant cause of diastolic heart failure, resulting from a rigid, noncompliant pericardium that impairs normal ventricular filling. While historically associated with infections, radiation, and prior cardiac surgery, its occurrence decades after congenital heart disease repair is rare, particularly in young adults.

## Case Presentation

We present the case of a 25-year-old female with a history of premature birth and patent ductus arteriosus (PDA) ligation via left posterolateral thoracotomy in 2000, who developed constrictive pericarditis likely related to prior cardiac surgery. She presented on August 17, 2026 with pleuritic chest pain following a viral illness, with CRP 17 mg/L and troponin 779 ng/L, and was started on colchicine 0.6 mg daily and ibuprofen as needed, resulting in resolution of chest pain and normalization of inflammatory markers. Transthoracic echocardiography demonstrated constrictive physiology including septal shudder, annulus reversus, dilated inferior vena cava with reduced respiratory variation, and mildly reduced LVEF (50–53%), with septal motion contributing to variability in systolic measurements. Physical examination was notable for elevated jugular venous pressure with a positive Kussmaul sign and a pericardial knock. CT imaging showed pericardial calcifications anterior to the right ventricle and posterior to the left ventricle, most prominent at the basal segments, and cardiac MRI demonstrated pericardial late gadolinium enhancement, supporting the diagnosis of constrictive pericarditis. BNP levels remained within normal



## Conclusions

This case is particularly notable given the patient's young age, female sex, and long latency period following PDA repair, underscoring the potential for late pericardial sequelae after congenital cardiac surgery. This case highlights the importance of maintaining a high index of suspicion for constrictive pericarditis in young patients with prior cardiac surgery and atypical presentations, as early recognition has critical implications for diagnosis, management, and long-term outcomes.

## Images

