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**ONE CASE REPORT OF CONSTRICTIVE PERICARDITIS  
DIAGNOSED WITH 64-SLICE CT**

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Xie Dong-yang, Luo Shi-ke. *Department of Cardiovascular Medicine, The First Affiliated Hospital of Gannan medical college*

**Objectives** 1 *Clinical data:* The patient, male, 39 years old, came to our hospital with a symptoms of breathing difficulty for 5 years, being serious for 2 years, systemic oedema for 1 month on 8 June 2011. The patient had no history of hypertension, coronary heart disease, hyperlipidaemia, diabetes, valvular disease of the heart, thyroid disease, and no family history of premature cardiovascular disease.

**Methods** 2 *Discussion:* Constrictive pericarditis (CP) is so fibrosis or calcification of the pericardium that ventricular diastolic filling is limited to produce a series of symptoms of circulatory disturbance. Most CP came from acute pericarditis and almost half the cases of it in our country are tuberculous in origin. In regions where tuberculosis is common, it is the cause in a large portion of cases.

**Results** From the examination of echocardiography we could see that the pericardium is thickened, regional wall motion is decreased, and the motion of ventricular is paradoxical contraction.

**Conclusions** It is difficult to differentiate artefact from calcification for common Chest CT due to beating heart and slower scanning speed. Compare with the common CT, the 64–128-slice spiral CT possess faster scanning speed and higher resolution to make it more suitable to diagnose constrictive pericarditis.