Case Report on Dressler’s Syndrome

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Abstract

Introduction: Dressler’s syndrome (delayed pericarditis) is considered as a secondary form of pericarditis resulting in the inflammation of the sac surrounding heart (pericardium).

Case Presentation: A 56-year-old male was admitted to the cardiology department due to left sided chest pain associated with breathlessness, palpitation and sweating. Patient had a past history of CAD-AWMI, moderate left ventricular(LV) dysfunction (diagnosed 2 months back). Percutaneous transluminal coronary angioplasty (PTCA) with stent to CAD done 2 months back. ECHO shows mild to moderate pericardial effusion, mild pulmonary arterial hypertension (PAH), moderate mitral regurgitation (MR), moderate LV dysfunction.

Conclusion: This reveals that the patient is diagnosed with Dressler’s syndrome, a rare disease in the age of reperfusion therapy.

Keywords: Myocardial infarction; Pericarditis; Chest pain; Dressler’s syndrome

Introduction

Dressler’s syndrome also known as post myocardial infarction syndrome, is a form of secondary pericarditis with or without a pericardial effusion, that occurs because of injury to heart or pericardium [1]. It develops weeks to months after the initial infarction, and rarely within the first week post-MI. It is characterized by the development of inflammation of the pericardium as well as another serosa [2]. If left untreated, inflammation of the pericardium can lead to scarring, thickening, and muscle tightening of the heart, which can be life-threatening [3]. Dressler’s syndrome is associated with an immune system response to heart damage [4,5]. This disease occurs mostly in 55 to 60 years of age [6]. Symptoms include pericarditis, fever, chest pain, pleural effusion [7]. Your body reacts to the injured tissue by sending immune cells and proteins (antibodies) to clean up and repair the affected area. Sometimes this response causes excessive inflammation in the pericardium [1]. The treatment includes aspirin, ibuprofen, naproxen, corticosteroid and colchicine [8].

Case Presentation

A 56-year-old male admitted to hospital with complaints of left sided chest pain last night, which was associated with breathlessness, palpitation and sweating. He had similar episodes 2 days back. He had past history of CAD-AWMI, moderate LV dysfunction diagnosed 2 months back and Percutaneous transluminal coronary angioplasty (PTCA) with stent to CAD done 2 months back. Patient was on medication for DM and DLP. On arrival he was being treated with inj. morphine and paracetamol infusion. His investigation sheet shows ESR level 121, HBA1C 11.4, decreased level of sodium (126) and Trop I shows negative (0.01 ng/ml). The echocardiogram showed evidence of pericardial effusion, which is mandatory for the diagnosis of pericarditis.

Dressler’s syndrome, first described in 1956, is characterized by pleuritic chest pain, low grade fever and pericarditis, which may be accompanied by pericardial effusion. It is thought to be immune-mediated.

References


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