

# HEALTHY HEART

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## AN INTERESTING CASE OF CALCIFIC CONSTRUCTIVE PERICARDITIS

A 60-year-old male had Inferior Wall Myocardial Infarction (MI) and presented with symptoms like severe chest pain and shortness of breath. A thorough investigation was done immediately and in Coronary Angiography, 70% lesion in the left artery and 90% stenosis in the right coronary artery(RCA) was found.

Surprisingly an extensive calcific constrictive pericarditis was found, however, the patient exhibited no symptoms typically associated with this condition, such as dyspnea or fatigue. In the CT scan investigation, we found dense calcification encasing the heart, particularly dense at the base. Given the severe coronary

artery disease and asymptomatic calcific constrictive pericarditis, a comprehensive surgical plan was developed.

We did Pericardiectomy Procedure with Orthopedic tools, including bone nibblers and scissors to excise the calcified pericardium. The excision spanned from one phrenic nerve to the other, ensuring complete removal of the constrictive tissue, including the diaphragmatic surface. The rigid and extensive calcification required significant force and precision, akin to orthopedic surgery, to safely excise the tissue without damaging underlying structures.

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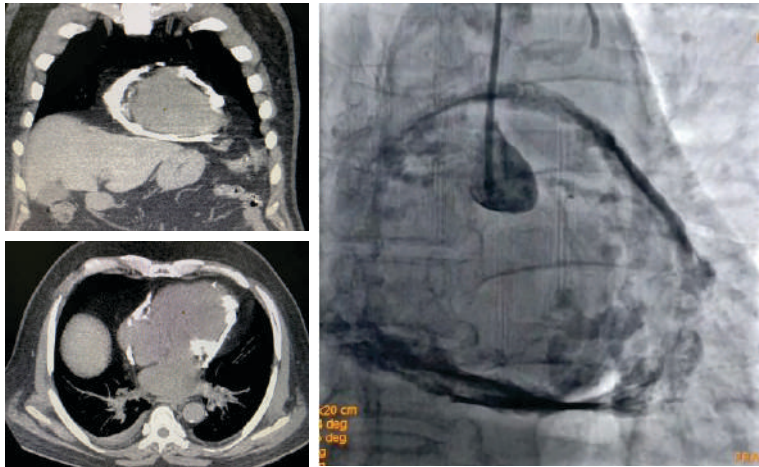
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Later Coronary Artery Bypass Grafting (CABG) was performed on a beating heart to avoid complications associated with cardiopulmonary bypass. The Left Internal Mammary Artery was grafted to the Left Anterior Descending artery and the Saphenous Vein Graft was used to bypass the severe stenosis in the RCA. The pericardiectomy

procedure and the delicate suturing for CABG demanded exceptional skill and precision. The surgical team had to balance both the strength and finesse necessary for these different procedures.

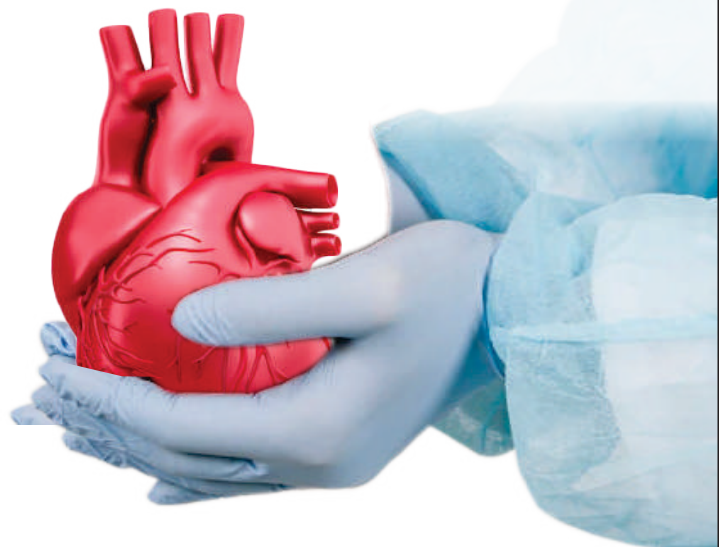
The surgery was successful. The patient showed significant improvement post-operatively, with restored myocardial perfusion and relief from potential pericardial constriction.

This case underscores the complexity and unpredictability often encountered in cardiac surgery. The asymptomatic presentation of severe calcific constrictive pericarditis was particularly unusual. The thorough diagnostic imaging and successful completion of both the pericardiectomy and CABG highlight the necessity for comprehensive evaluation and surgical adaptability.

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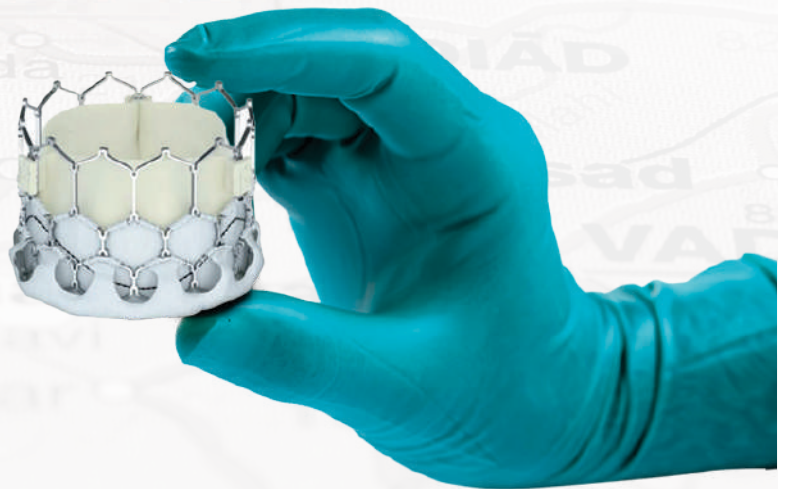
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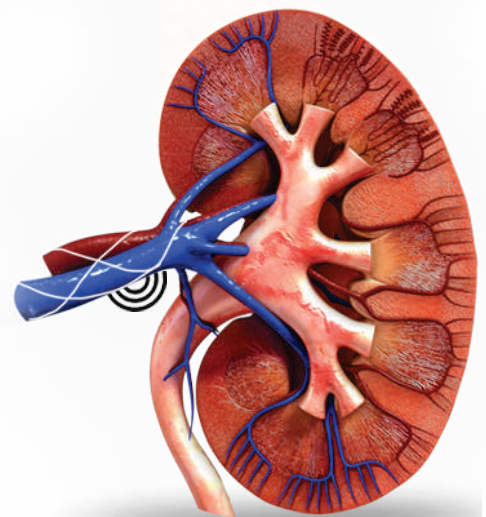
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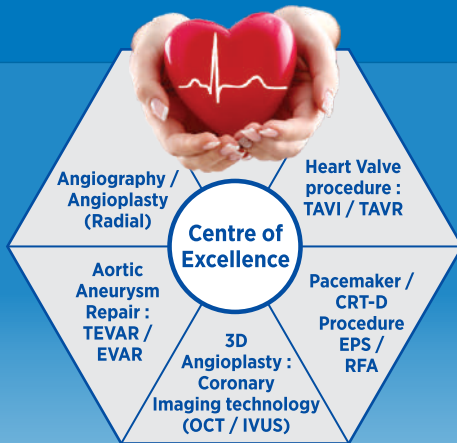
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