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Pericarditis

Inflammation of the thin sac around the heart. How it's diagnosed, how it's treated and what recovery looks like.

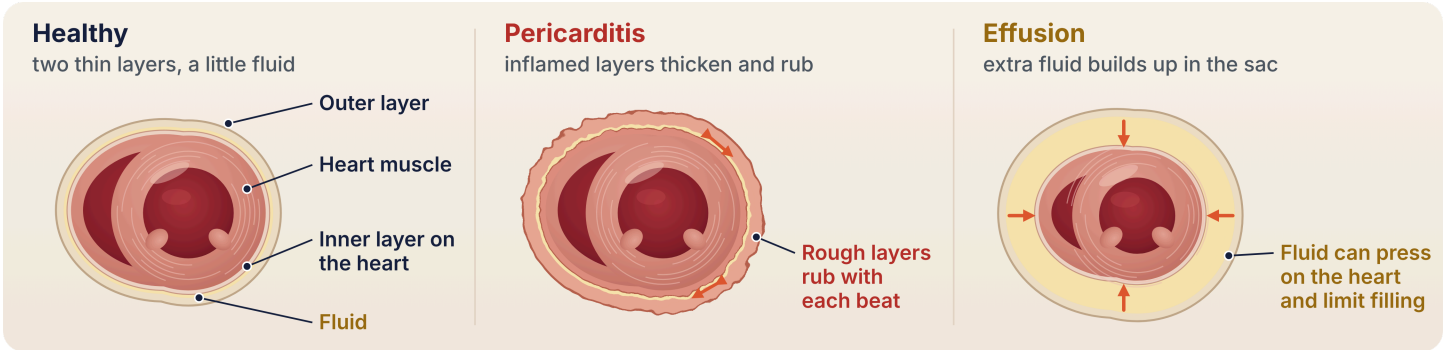
2 of 4
findings is the minimum needed to confirm the diagnosis

3 months
of colchicine after a first episode, which cuts your risk of it coming back

15–30%
chance of a recurrence after an episode of pericarditis

WHAT'S HAPPENING

An inflamed sac around the heart



The pericardium is a thin, two-layered sac that wraps around your heart like an envelope. In pericarditis its layers thicken, roughen and rub as the heart beats, and that friction causes the pain. The inflammation sits in the membrane, so it rarely leaves lasting damage to the heart muscle. Often no specific cause is found, and a viral infection the body has already cleared is assumed to be the trigger.

HOW IT'S DIAGNOSED

At least two of these four findings

1. **The typical pain**
   Sharp, stabbing chest pain, typically worse lying flat and eased by sitting forward.
2. **A friction rub**
   A sound sometimes heard through a stethoscope as the inflamed layers rub.
3. **ECG changes**
   Changes across many leads of the electrocardiogram (ECG).
4. **Fluid on imaging**
   A new or worsening effusion on imaging such as an echocardiogram.

Finish the course

Take your medicines as prescribed, even once you start feeling better before the full course is done. Finishing your complete treatment plan brings the risk of a recurrence down a lot.

TREATMENT, RECOVERY AND WHEN PLANS CHANGE ARE ON THE BACK

TREATMENT AND RECOVERY

Medicines, recovery and when plans change

TREATMENT

NSAIDs plus colchicine for most patients

High-dose NSAIDs	Ibuprofen 600-800 mg every 8 hours or aspirin 650-1000 mg three times daily, for the pain and the inflammation.
Colchicine	0.6 mg twice daily, or once daily if you weigh under 70 kg, adjusted for kidney function. Three months for a first episode, at least six months for a recurrence. It cuts your risk of recurrence. Some stomach upset is possible, but most people tolerate it well.
Stomach protection	A proton pump inhibitor such as omeprazole alongside high-dose NSAIDs, to protect your stomach.
Corticosteroids	Prednisone is for specific situations, such as when you can't tolerate NSAIDs and colchicine, severe symptoms aren't responding to them, or the cause is autoimmune. Steroids raise the risk of recurrence, so they are avoided when possible and tapered slowly.
IL-1 blockers	Anakinra or rilonacept (Arcalyst, FDA-approved for this in 2021), for recurrent pericarditis that won't respond to standard treatment. The 2025 ESC guideline uses them earlier when a recurrence comes with a raised CRP.

WHEN THE PLAN CHANGES

Kidney, ulcer, bleeding	Doses are adjusted or other drugs chosen with kidney disease. An active stomach ulcer or a bleeding disorder calls for special caution.
Pregnancy, infection	Many standard pericarditis medicines aren't safe in pregnancy, so treatment is chosen together. With a bacterial infection, antibiotics become the main treatment.

FLUID AROUND THE HEART

Call 911	Worsening breathlessness, especially lying flat, with a racing heart, or lightheadedness, fainting, cold sweaty skin, confusion or very little urine. Fluid may be squeezing your heart (tamponade), and it is drained right away.
Large effusions	Small ones often clear with anti-inflammatory treatment. Larger ones may need drainage with a needle through the chest wall (pericardiocentesis), which is quite safe in experienced hands.

WHAT RECOVERY LOOKS LIKE

several weeks to a few months

The first week	The chest pain usually improves first, often within the first few days. Most patients feel better within the first week.
The weeks after	Some discomfort with deep breaths or position changes can last several weeks, and fatigue is common. That gradual improvement is normal.
Exercise	Avoid strenuous exercise until your symptoms settle and your inflammatory markers are back to normal, then build back gradually.
Follow-up	Usually within a week of starting treatment, then regularly until symptoms clear and inflammatory markers normalize.

CALL THE OFFICE

Call Dr. Rasch's office if you develop new symptoms or have any concerns about your recovery. Tell him about every medicine you take, because pericarditis medicines can interact with other heart medicines.

READ THE FULL ARTICLE

damianrasch.com/pericarditis

For education only, and not a substitute for advice from your own physician. Sources include the 2025 and 2015 ESC pericardial guidelines (European Heart Journal), Cremer, Klein and Imazio (JAMA 2024), LeWinter (NEJM 2014), Imazio, Gaita and LeWinter (JAMA 2015) and Imazio and Adler (European Heart Journal 2013).

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