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INTRODUCTION

Acute pericarditis is an inflammation of the pericardium.It has numerous aetiologies and the most common is due to viral infection and myocardial infarction.

CASE REPORT

This is a case of a 30 years old Malay man, a prisoner. He came to the Emergency Department with the complaint of chest pain for 4 days. He claimed that the pain distributed to the whole chest wall, aggravate upon inspiration and movement and associated with shortness of breath. He also claimed that he was having fever for the past one week but deny history of cough. On examination of the lungs, patient was having bibasal crepitation. ECG findings was widespread ST elevation (saddle back pattern) in lead I, II, aVL , V5 – V6 , and PR segment depression in lead II.On the next day, patient developed multiple vesicular rashes over the face and forearm. Patient was diagnosed to have Varicella Zoster infection after the serology sent come back as positive. Thus, the acute pericarditis was found to be due to the Varicella Zoster infection.

DISCUSSION

In acute pericarditis, the most common symptom is stabbing precordial or retrosternal chest pain, aggravated by inspiration or movement and relieved when the patient sits up and leans forward. In acute pericarditis complicated with large pericardial effusion, patient may come with the complaint of dyspnea. During examination, pericardial friction rub is the most common physical finding. ECG is the diagnostic tool by which there is concave upwards (saddle shape) ST elevation. If the cause of acute pericarditis is found, this should be treated and most patients with idiopathic or presumed viral pericarditis have a benign course lasting 1 to 2 weeks.

CONCLUSION

Acute pericarditis should be differentiated from angina, pleurisy and acute myocardial infarction. Proper history taking, examinations and serial ECG could help in making the diagnosis.