

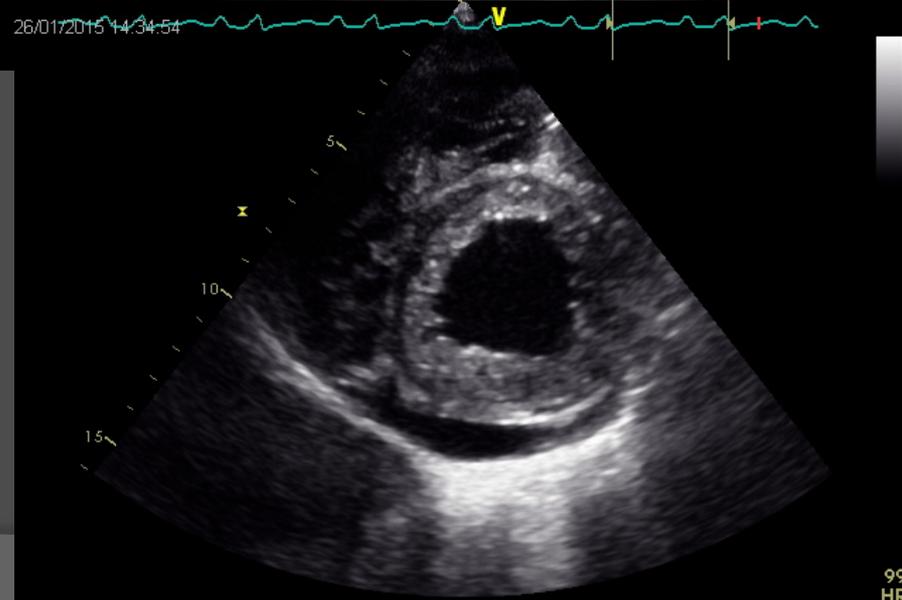
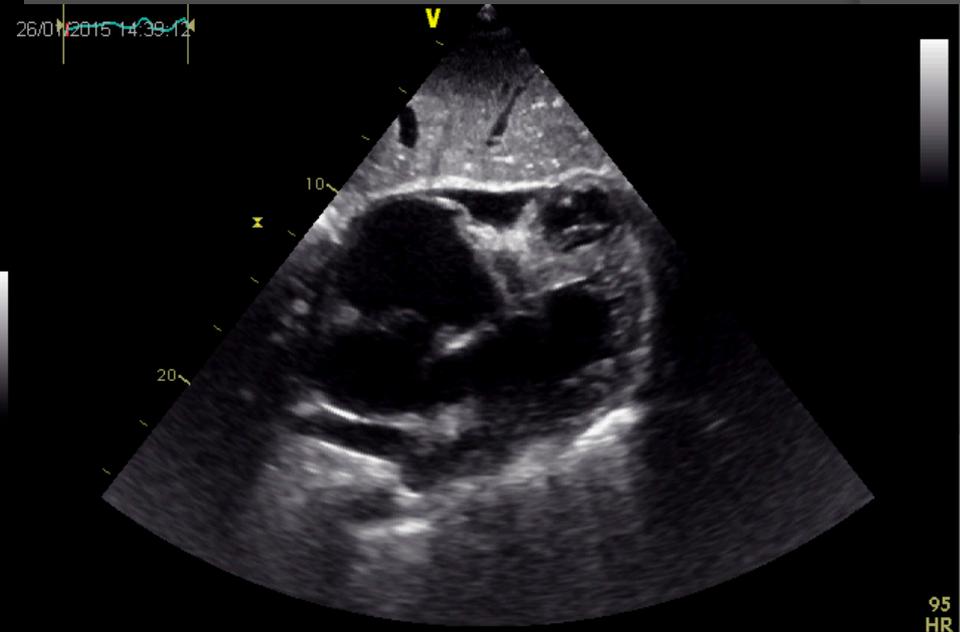
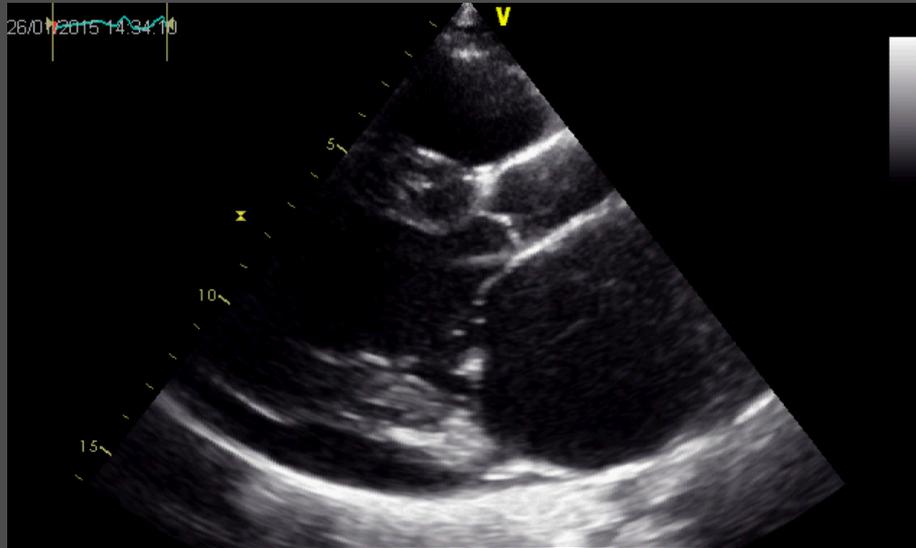
# Péricardite inhabituelle

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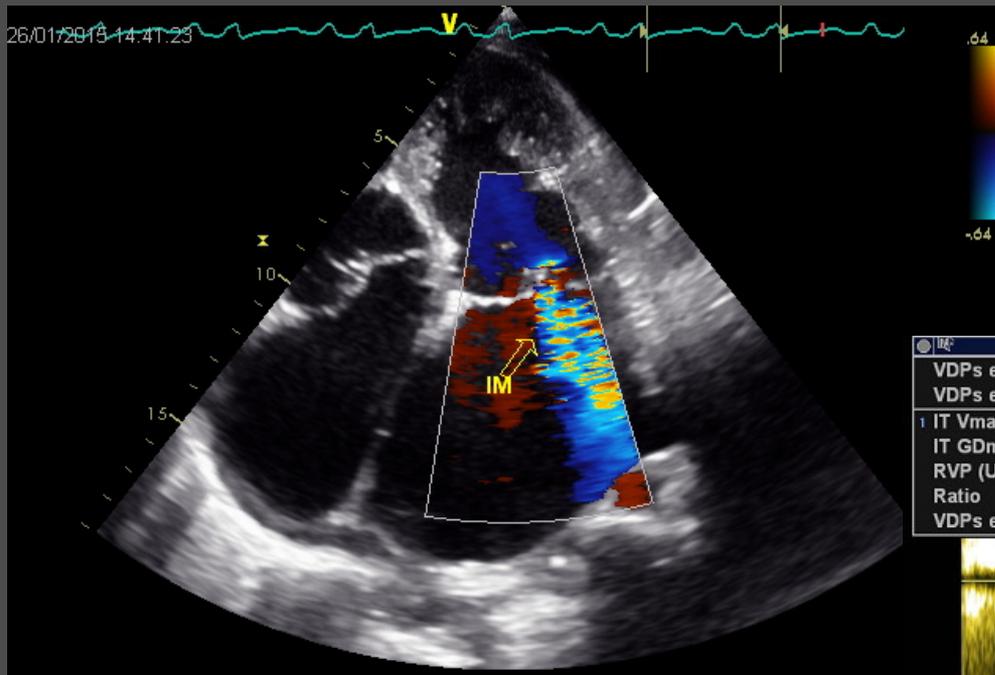
# Péricardite inhabituelle

- ⊙ Jeune femme marocaine de 18 ans
- ⊙ Passage aux urgences
  - Aucun atcd CV connu
  - Fatigue et dyspnée récentes
  - Examen clinique normal PA = 128/86 mmHg
  - ECG : RS PR= 0.18s et BBD

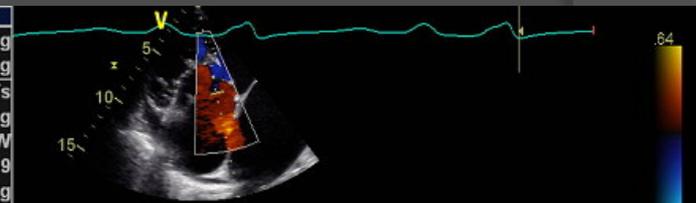
# Péricardite inhabituelle



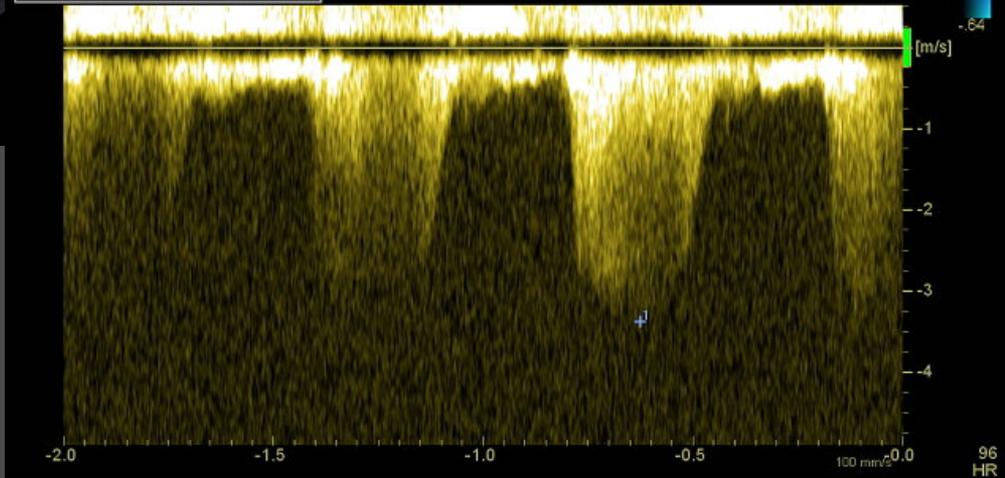
# Péricardite inhabituelle



VDPs est	57.90 mmHg
VDPs est POD=3	48.905 mmHg
1 IT Vmax	3.39 m/s
IT GDmax	45.90 mmHg
RVP (Unité Wood)	2.43 UW
Ratio	0.259
VDPs est POD=3	48.90 mmHg

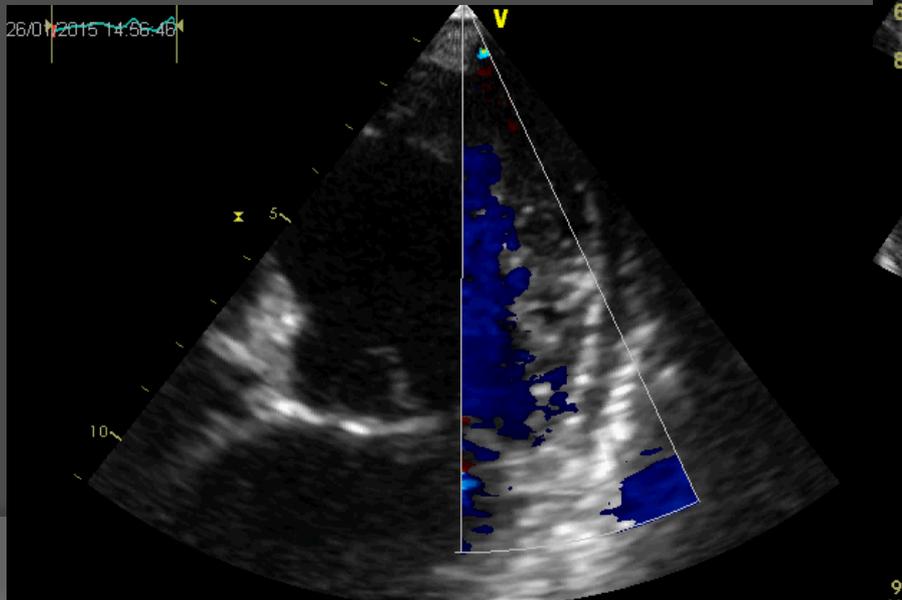
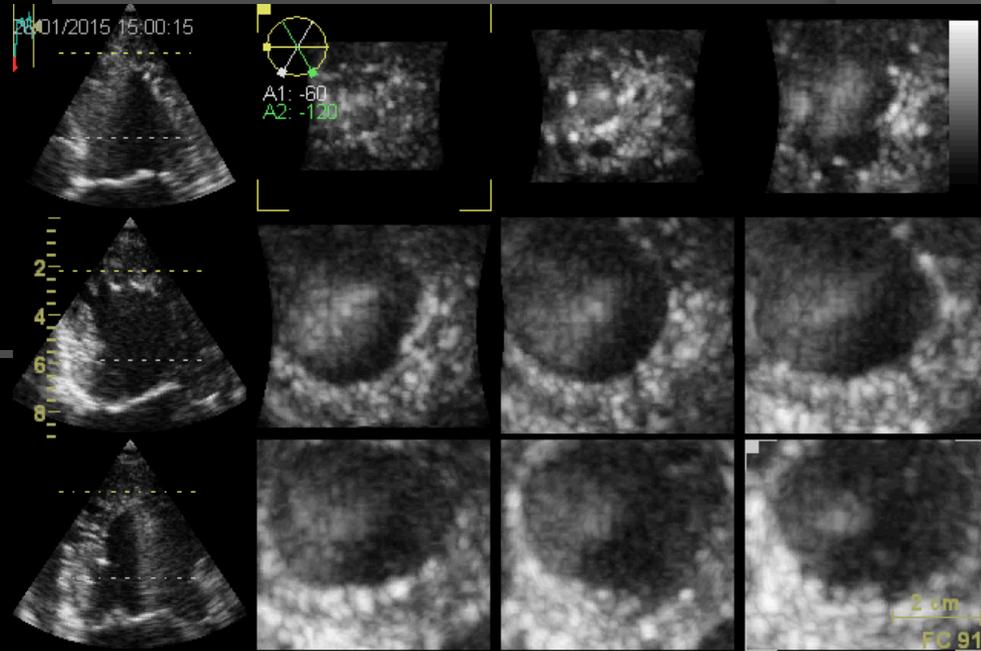
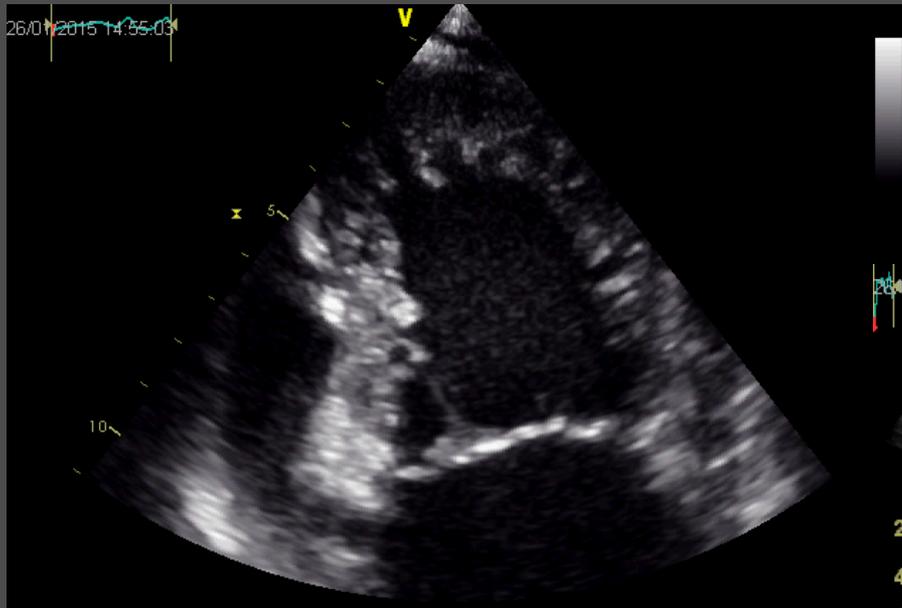


IM : PISA = 6.5 mm, SOR = 25 mm<sup>2</sup>



IT : Vmax = 3.4 m/s soit PAPS = 45+5-10 mmHg

# Péricardite inhabituelle

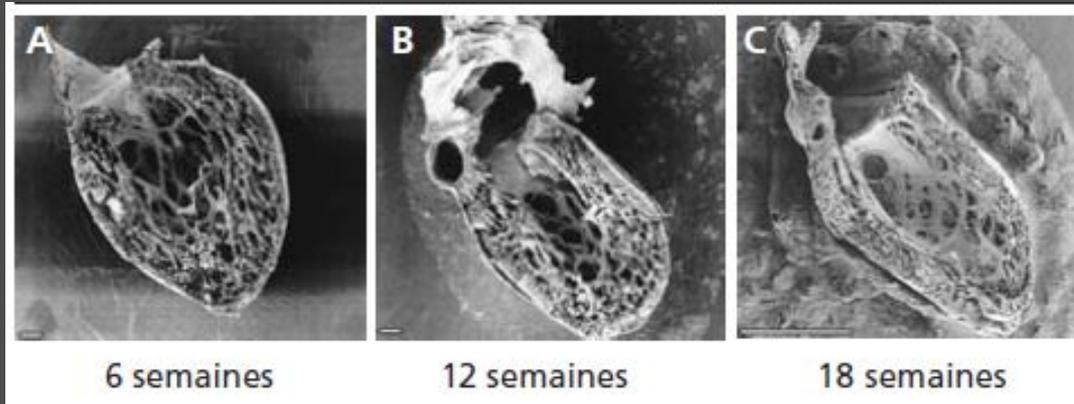


**FEVG 3D = 35%**

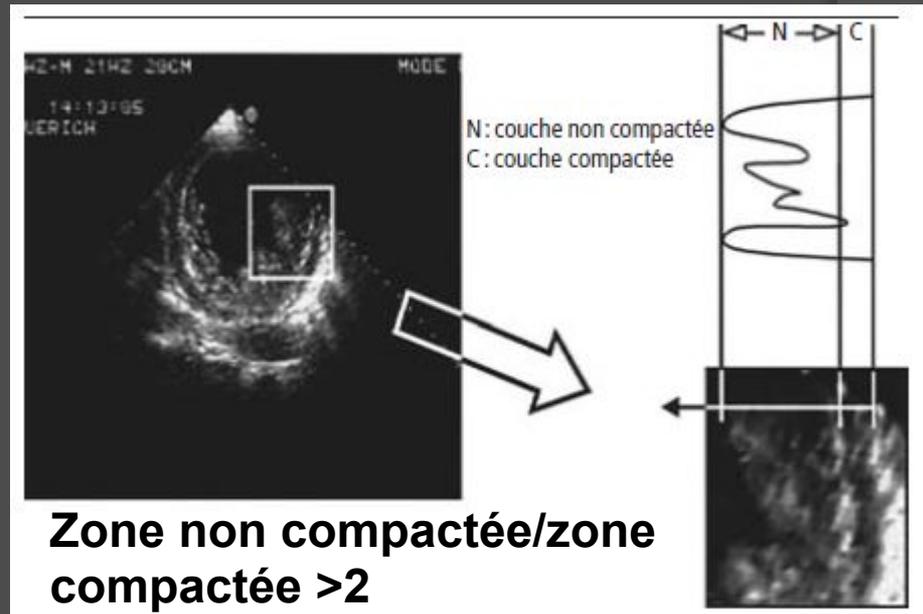
# Votre diagnostic

- Péricardite sub aigue récidivante
- Péricardite tuberculeuse
- CMD à coronaires normales
- Tako Tsubo
- Autre

# Non compaction VG



**Microscopie électronique :**  
phénomène de compaction  
graduelle durant la vie  
embryonnaire de l'épicarde  
vers l'endocarde et  
de la base vers l'apex



Opacification VG par SONOVUE  
Topographie Apex, mid latéral et inférieur

*Oeschlin EN J Am Coll Cardiol. 2000*