



In response to “Constrictive Pericarditis Associated with COVID-19 or Vaccination”

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We highly appreciate the comments of the authors regarding our recently published report Dos Santos et al.¹ The surgical management of constrictive pericarditis (CP) is associated with a relatively higher risk of mortality and morbidity than other cardiovascular interventions, particularly in long-standing cases.² Thus, we strongly agree with the authors Dos Santos et al.¹ that CP should be diagnosed on the basis of multimodality imaging findings to prevent the overdiagnosis of this phenomenon that might lead to an unnecessary surgical operation. In addition to multimodality imaging, the diagnosis should be confirmed with invasive modalities such as cardiac catheterization, which were performed in our patient.³ There are numerous clinical conditions that might simulate CP, which could lead to a misdiagnosis of CP. Thus, they should be ruled out.^{4,5} However, CP can be underdiagnosed, particularly in patients with mild clinical findings, localized pericardial involvement, or isolated involvement of the left heart.⁶ Therefore, meticulous physical examination as well as diagnostic modalities are imperative for the diagnosis of CP.

In addition to the conventional triggers, COVID-19 and its vaccines appear to be potential triggers of CP.^{1,3,6,7} However, most clinicians, even cardiologists, are unaware of this association. Post-COVID or post-vaccination symptoms, including angina and dyspnea, have been generally attributed to alternative pathologies such as pulmonary parenchymal changes, pulmonary embolism, and myocardial involvement.⁸ Therefore, a high index of suspicion for CP is crucial for its timely diagnosis and management in the setting of COVID-19 and its vaccines. Furthermore, the presence of CP in such a setting might be a transient phenomenon.^{5,9} Thus, surgical excision

should be exclusively implemented in refractory cases following a period of monitoring.

In conclusion, CP may be a complication of COVID-19 or its vaccines. However, compared with other complications, CP is an insidious phenomenon with significant challenges associated with its diagnosis and management. Nonetheless, the primary goal should always be to raise awareness of this phenomenon among clinicians.

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