

Overview:

Pericarditis is a term used to describe the inflammatory processes that occur in the outer membranes of the heart. The pericardium is a membranous bag surrounding the heart. It may become inflamed as part of a bacterial or viral infection, or it may occur as a complication from rheumatic fever, tuberculosis, kidney failure, autoimmune disorder, heart attack, cancer, or exposure to radiation. Pericarditis can also be caused by trauma to the heart, including heart surgery, stab wounds, or severe blows to the chest area.

The pericardium consists of two layers: the outer layer, the *fibrous pericardium*, is tough and inelastic. The inner layer is the *serous pericardium*. The serous pericardium secretes a mucus that lubricates the space between the two tissue layers. The underwriting concern with pericarditis lies with its tendency to shrink the space available to the heart for regular pumping activity. In some extreme cases, a condition known as tamponade, fluid (blood) fills the space between the pericardium and the heart muscle. This pressure can become so strong that it prevents the heart from pumping altogether leading to immediate death.

Pericarditis is often classified into two broad categories: *acute benign* and *chronic constrictive*. In one common form of *acute benign pericarditis* the serous pericardium secretes too much fluid, compressing the serous pericardium to a smaller size, and thereby restricting the space available to the heart, leading to impaired heart functioning. Following successful resolution of the acute benign pericarditis, the heart should be able to resume normal functioning. In *chronic constrictive pericarditis* the pericardium, may become scarred and thickened, again leaving insufficient room for heart pumping activity. Severe cases of chronic constrictive pericarditis may require removal of the pericardium by surgery.

Impact on Life Underwriting:

There is some immediate threat to life during an episode of pericarditis due to the possibility of developing tamponade, the condition that compresses the heart so much that it ceases to function. However, once that danger is passed, and once the heart is shown to have resumed normal function, a history of pericarditis does not frequently lead to significant underwriting complications. Preferred and standard rates are common for a single occurrence in the past. Please see the following table for likely underwriting action. SB 04/23/2001

Type of Pericarditis	Complications	Likely Rating
Acute benign	None	Postponed 6 months, then standard.
Post cardiac injury syndrome	None	Postponed until completely healed, then standard.
Chronic constrictive	None	Table 4 and higher.
Chronic constrictive	Pericardectomy required	Postponed 6 months following surgery, then rated due to cause. Table 4 and higher.
Chronic constrictive	Connective tissue disease; concurrent myocardial infarction (heart attack); pericarditis induced due to radiation therapy.	Typically postponed for at least 6 months, then rated Table 4 and up. Declines are not uncommon.