

Winter 3-3-2017

Prevalence and In-Hospital Outcomes of Uremic and Dialysis Pericarditis: A United States National Study

Srikanth Yandrapalli

Zeeshan Solangi

New York Medical College, zeeshan_solangi@nymc.edu

Wilbert S. Aronow

New York Medical College

Sachin Sule

New York Medical College

Howard A. Cooper

New York Medical College

See next page for additional authors

Follow this and additional works at: https://touro scholar.touro.edu/nymc_fac_posters



Part of the [Analytical, Diagnostic and Therapeutic Techniques and Equipment Commons](#)

Recommended Citation

Yandrapalli, S., Solangi, Z., Aronow, W. S., Sule, S., Cooper, H. A., & Chugh, S. (2017). Prevalence and In-Hospital Outcomes of Uremic and Dialysis Pericarditis: A United States National Study. Retrieved from https://touro scholar.touro.edu/nymc_fac_posters/32

This Poster is brought to you for free and open access by the Faculty at Touro Scholar. It has been accepted for inclusion in NYMC Faculty Posters by an authorized administrator of Touro Scholar. For more information, please contact touro.scholar@touro.edu.

Authors

Srikanth Yandrapalli, Zeeshan Solangi, Wilbert S. Aronow, Sachin Sule, Howard A. Cooper, and Savneek Chugh



Prevalence and In-hospital outcomes of Uremic and Dialysis Pericarditis: A United States National Study

Srikanth Yandrapalli, Gabriela Andries, Viswajit Reddy Anugu, Zeeshan Solangi, Sohaib Tariq, Pratik Mondal, Venkat Vuddanda, Wilbert S. Aronow, Sachin Sule, Howard A. Cooper, Savneek Chugh.
New York Medical College at Westchester Medical Center, Valhalla, New York.



Background

- In the modern dialysis era, uremic and dialysis pericarditis (UDP) are less frequently encountered in clinical practice.
- We sought to determine the secular variation and in-hospital outcomes of UDP.

Methods

- Using the U.S. Nationwide Inpatient Sample databases 2003 through 2012, we pooled a weighted sample of patients with UDP by identifying hospitalizations in patients ≥ 18 years of age, with a primary or secondary diagnoses of acute pericarditis (ICD-9 code 420.0) and renal dysfunction (acute kidney injury (AKI), end stage renal disease (ESRD), and uremia).
- Hospitalizations with a primary or secondary diagnoses for other types of pericarditis, including bacterial, fungal, protozoal, rheumatic, and viral, were excluded.
- Associated type of renal dysfunction, type of dialysis modality, pericardial procedures, and outcomes were then analyzed.

Results

- A total of 13,003 hospitalizations (mean patient age 55 ± 18 years, 41.4% female) were identified with diagnoses suggestive of UDP.
- From 2003 to 2012, the prevalence of UDP increased from 13.5 to 47.1 per 1 million hospitalizations ($P_{\text{trend}} < 0.005$).
- **ESRD was present in 8,852 (68.1%) of these cases, followed by AKI in 4,925 (37.9%) cases.**
- **A total of 9,650 (74.2%) cases received hemodialysis and 492 (3.8%) received peritoneal dialysis during the hospitalization.**
- All-cause inpatient mortality was 6.4%, a decreasing trend from 17.03% in 2003 to 4.43% in 2012 ($P_{\text{trend}} < 0.005$).
- Median length of stay was 7 days, and median total hospital charges were US\$ 48,673.

	2003	2012	
Prevalence of UDP (per 1 million hospitalizations)	13.5	47.1	$P < 0.005$
All-cause inpatient mortality	17.03%	4.43%	$P < 0.005$

Results

- **Pericardial procedures were performed in 16.8% of cases**, including pericardiocentesis (9.5%), pericardiotomy (8.6%), pericardial biopsy (2.3%), and pericardiectomy (0.7%).
- Procedure rates were similar for patients with and without ESRD.

Conclusion

- Between 2003 and 2012, the prevalence of UDP among all hospitalizations in the United States increased, while the in-hospital mortality rate decreased.
- Pericardial procedures were common in UDP patients, with almost one-sixth of the cases having a pericardial procedure.

Disclosures

- None of the authors have any relevant disclosures.

