Elevation of the JVP in constrictive pericarditis

R.K. Sutherland¹, K.V. Russell², P.J. Trivedi³, C.P. Conlon⁴ and R.W. Smith²

From the ¹Regional Infectious Diseases Unit, Western General Hospital, Crewe Road South, Edinburgh EH4 2XU, UK, ²Department of Acute General Medicine, Milton Keynes FT Hospital, Standing Way, Eaglestone, Milton Keynes, Buckinghamshire MK6 5LD, UK, ³Department of Hepatology, University Hospitals Birmingham Edgbaston, Birmingham B15 2TH, UK and ⁴Department of Infectious Diseases and Microbiology, Oxford University NHS Trust, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU, UK

Address correspondence to Rebecca Sutherland. email: rebecca.sutherland@nhslothian.scot.nhs.uk

We thank Dr Jolobe for his helpful comments. The patient described in our case report¹ did indeed demonstrate a marked elevation of the jugular venous pressure (JVP) up to the angle of the jaw, and this did not reduce despite an initial trial of diuretic. Improvement with resolution of signs occurred rapidly following definitive surgical treatment.

We are also pleased to report that the patient has recently been reviewed in the outpatient clinic and remains in good health.

Reference