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CURRENT OPINION

Triage strategy for urgent management of cardiac tamponade: a position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases

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Introduction

Prompt recognition of cardiac tamponade is critical since the underlying haemodynamic disorder can lead to death if not resolved by percutaneous or surgical drainage of the pericardium. Cardiac tamponade is a condition caused by the compression of the heart due to slow or rapid accumulation of fluid (exudate), pus, blood, clots, or gas within the pericardial space resulting in impaired diastolic filling and cardiac output due to increased intrapericardial pressure.[1–3]

Pericardial diseases of any aetiology may cause cardiac tamponade, but with highly variable incidence reflecting the local epidemiological background (*Table 1*).[3–6] However, all interventional procedures (i.e. percutaneous coronary intervention, transcatheter aortic valve implantation, pacemaker/implantable cardioverter defibrillator implantation, arrhythmias ablation, endomyocardial biopsy) are emerging causes of cardiac tamponade.[7] Although rare, cardiac tamponade may also occur in pregnancy and in post-partum.[8,9] Thus cardiologists should be aware of this possibility including specific contraindications for pregnancy (i.e. avoid the use of colchicine and X-ray exposure using echo-guided procedure).[13,14]

Management of cardiac tamponade can be challenging because of the lack of the validated criteria for the risk stratification that should guide clinicians in the decision-making process: (i) which patients need immediate drainage of the pericardial effusion? (ii) Is echocardiography sufficient for guidance of pericardiocentesis or

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