

At present, no formal guidelines are available from major medical and Cardiology societies to guide clinicians managing cardiac tamponade. For the first time, a position statement has been made available from the European Society of Cardiology to provide updated, evidence-based recommendations for triage and clinical management of patients with cardiac tamponade.

According to the position statement, management of pericardial effusion is based on a three-step scoring system for the triage of patients requiring urgent percutaneous or surgical drainage. Total score  $\geq 6$  indicates urgent pericardiocentesis in the absence of contraindications. Urgent surgical treatment of cardiac tamponade is recommended, regardless of the score, in type A aortic dissection, ventricular free wall rupture after acute myocardial infarction, severe recent chest trauma, and iatrogenic hemopericardium when the bleeding cannot be controlled percutaneously.

An optional shortcut through the scoring system for the areas of the world with endemic tuberculosis has also been advocated. In this setting, urgent pericardiocentesis is recommended if the following clinical and echo criteria are met: (1) heart rate  $>90$  bpm, (2) systolic blood pressure  $<4$  cm plus echo confirmation of circumferential pericardial effusion measuring  $>1$  cm anterior to the right ventricle in the subcostal view and any of the following echo criteria: (a) swinging heart, (b) RV or LV diastolic collapse, (c)  $>25\%$  variation in mitral and tricuspid flow velocities with respiration.

*Ristić AD, Imazio M, Adler Y, et al. Triage strategy for urgent management of cardiac tamponade: a position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. Eur Heart J. 2014 Jul 7. pii: ehu217.*