Prognostic impact of pericardial drainage and anti-inflammatory drug treatment in severe idiopathic pericardial effusion

Supplementary data

Table 1 of the supplementary data. Univariate and multivariate analysis to predict echocardiographic signs of haemodynamic compromise

<table>
<thead>
<tr>
<th>Haemodynamic compromise</th>
<th>Univariate</th>
<th>Multivariate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HR</td>
<td>95%CI</td>
</tr>
<tr>
<td>Age (by 1 year increment)</td>
<td>0.99</td>
<td>0.97-1.01</td>
</tr>
<tr>
<td>Sex (Male)</td>
<td>1.14</td>
<td>0.59-2.21</td>
</tr>
<tr>
<td>Smoking habit</td>
<td>1.55</td>
<td>0.52-4.66</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>0.88</td>
<td>0.37-2.06</td>
</tr>
<tr>
<td>Fever</td>
<td>1.44</td>
<td>0.68-3.04</td>
</tr>
<tr>
<td>Maximum diameter (by 1 mm increment)</td>
<td>1.06</td>
<td>1.02-1.09</td>
</tr>
<tr>
<td>Type of effusion (loculated Vs circumferential)</td>
<td>0.47</td>
<td>0.22-1.04</td>
</tr>
<tr>
<td>Creatinin (by 1 mg/dl increment)</td>
<td>0.94</td>
<td>0.61-1.46</td>
</tr>
<tr>
<td>Charlson score index (by 1 point increment)</td>
<td>0.93</td>
<td>0.82-1.06</td>
</tr>
</tbody>
</table>
Table 2 of the supplementary data. Causes of death in the population of patients with severe idiopathic pericardial effusion at 2-years of follow-up.

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>N = 33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac death</td>
<td>10 (30.3)</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>1 (3.0)</td>
</tr>
<tr>
<td>Oncological</td>
<td>2 (6.1)</td>
</tr>
<tr>
<td>Infectious</td>
<td>6 (18.2)</td>
</tr>
<tr>
<td>Other causes</td>
<td>3 (9.1)</td>
</tr>
<tr>
<td>Unknown</td>
<td>11 (33.3)</td>
</tr>
</tbody>
</table>

Data are expressed as no. (%).
Table 3 of the supplementary data. Causes of death of patients who received / did not received anti-inflammatory drugs at 2-years of follow-up.

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Treated with anti-inflammatory drugs (n = 4)</th>
<th>Not treated with anti-inflammatory drugs (n = 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac death</td>
<td>1 (25.0)</td>
<td>9 (31.0)</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>1 (25.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Oncological</td>
<td>2 (50.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Infectious</td>
<td>0 (0.0)</td>
<td>6 (20.7)</td>
</tr>
<tr>
<td>Other causes</td>
<td>0 (0.0)</td>
<td>3 (10.3)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0 (0.0)</td>
<td>11 (37.9)</td>
</tr>
</tbody>
</table>

Data are expressed as no. (%).
Figure 1 of the supplementary data - Kaplan Meier survival analysis in 94 patients with idiopathic severe pericardial effusion without echocardiographic signs of haemodynamic compromise, stratified by anti-inflammatory drugs (AD) treatment. Four therapeutic alternatives are represented: drainage and AD treatment (solid red line), drainage and no AD treatment (dashed red line), no drainage and AD treatment (solid blue line) and no drainage/no AD treatment (dashed blue line).