Methods: Sixty-four consecutive patients (mean age 63.5 ± 14.8 years; 65.6% male) diagnosed to have tuberculous pericarditis were included. All patients underwent surgical treatment. Detailed echocardiographic examinations were performed before operation. Their clinical manifestations were analyzed from the medical recordings.

Results: After a median follow-up period of 5.37 ± 3.68 years (range 1 month to 15 years), there were 24 (37.5%) deaths among this cohort. We found that thickened pericardium observed by the echocardiography (95.8 vs. 45.0%, odds ratio [OR] 2.18, p < 0.001) and initial symptoms of congestive heart failure (CHF) (79.2 vs. 45.0%, OR 2.18, p = 0.001) were more common among patients complicated with mortality. In addition, less frequent treatment with corticosteroids and shorter duration of anti-TB treatment were found among mortality patient group (20.6 vs. 65.0%, OR 0.51, p < 0.001; 2.16 vs. 3.85 vs. 7.11 ± 4.14 months, p < 0.001). Multivariate Cox regression analysis showed that thickened pericardium was an independent and significant predictor of death (hazard ratio 2.38, p = 0.02) as were CHF symptoms (hazard ratio 2.39, p = 0.02), usage of corticosteroids (hazard ratio 4.56, p = 0.04) and an anti-TB treatment duration longer than 6 months (hazard ratio 0.33, p = 0.001).

Conclusion: We conclude that the echocardiographic finding of thickened pericardium and symptoms of CHF can be survival predictors for tuberculous pericarditis. Combination usage of corticosteroids and anti-TB treatment longer than 6 months may improve the outcome of tuberculous pericarditis.