**BACKGROUND**

Recent pericarditis (RP) is broadly defined as the recurrence of pericardial signs and symptoms after a symptomatic-free period of at least 6 weeks.

Alpha-1 antitrypsin (A1AT) deficiency is the most common cause of RP. RP is associated with autoinflammation and RP has been shown to respond to anti-inflammatory and immunomodulatory therapies. Anti-TNF agents have shown to be effective in RP, but the long-term effects are unknown.

**METHODS**

**Study Design**

- Double-blind, placebo-controlled, randomized withdrawal trial with an open-label extension, with planned enrollment of 6–12 patients (Figure 4)

**Patients**

- Patients ≥16 years of age, who were diagnosed with RP by a cardiologist
- Patients with RP who had at least one episode of RP and who were in the symptomatic phase (defined as ≥4 weeks of symptoms in the last 12 months)
- Patients who had not received any anti-TNF therapy in the last 12 weeks
- Patients who were not receiving any concomitant immunosuppressive therapy

**Endpoints**

- Primary endpoint: recurrence-free period
- Secondary endpoints: safety profile, immunogenicity, and impact on quality of life

**CONCLUSIONS**

- RP is a chronic inflammatory disease that may respond to anti-inflammatory and immunomodulatory therapies.
- The use of anti-TNF agents may provide a long-term benefit in RP.
- Further studies are needed to evaluate the long-term effects of anti-TNF therapy in RP.

**REFERENCES**