

Acute myocarditis in young adult following intestinal infection.

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Myocarditis describes a heterogeneous group of disorders characterized by myocardial inflammation in the absence of predominant acute or chronic ischemia. It has been reported that myocarditis occurs in ~12% of young adults, and may contribute to other myocardial diseases, such as dilated cardiomyopathy and arrhythmogenic right ventricular cardiomyopathy. A 31-year old male was admitted to ER with acute retrosternal pain that was severe enough to waken him at 5 am. He had shortness of breath after few steps and was feeling dizzy. He returned from 4-week Morocco trip 3 days prior to ER visit. During his trip he suffered from viral gastroenteritis. Physical examination was normal (BP 110/60 mmHg, heart rate 75 bpm, oxygen sat. 99%, afebrile). Family history was negative for heart disease, hypertension or diabetes. The results of the cardiac enzyme tests disclosed elevated S-troponin I Ultra level (6,107 ng/ml). There were nonspecific ST-T abnormalities in ECG. An echocardiogram showed that the patient's heart functioned normally. He underwent coronary angiography, which showed normal epicardial coronary arteries. Myocardial infarction was excluded. He was transferred to the cardiology department for further diagnosis and treatment. Based on viral infection 2 weeks prior to admission, elevated CRP and normal coronarography patient was diagnosed with viral myocarditis. The patient was given ACE inhibitor and beta-blockers. The patient was discharged 2 weeks later. Despite considerable progress, it remains a daunting challenge for physicians to discriminate between acute myocarditis and myocardial infarction, particularly in the early phase.