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Congestive heart failure and cytomegaloviral myocarditis in an immunocompetent young adult

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Cytomegalovirus (CMV) infection commonly leads to default of symptoms in immunocompetent individuals. Complications are unusual. In the presented research, a case of myocarditis and cardiac insufficiency due to primary CMV infection was reported. The ELISA method was used to confirm the presence of the vírus. A 41-year-old man without previous comorbidities presenting dyspnea, fever and edema was admitted to the cardiac emergency department. His fever and dry cough worsened to progressive respiratory disorders, lower limb edema and orthophonia 30 days before hospitalization. The electrocardiogram revealed sinus tachycardia, right bundle branch block and left atrial and ventricular overload, along with diffuse and non-specific ventricular repolarization disorders. A transthoracic echocardiogram revealed 35% ejection fraction (EF) of the left ventricle (LV) and an increase in the left cavity (70 mm LV). Serological tests were performed for HIV-1 and HIV-2, hepatitis B and C, and Chagas disease, all with negative results. For CMV, ELISA showed positive results for IgM (1.54 UI/mL) and IgG (2.5 UI/mL). The patient was diagnosed with heart failure due to CMV myocarditis. He was treated with ganciclovir for 10 days and received supportive medication, he was discharged in functional class I (New York Heart Association) after 14 days of hospitalization. One month after discharge, a routine echocardiography showed EF LV=75% and almost normal values for the diameter of the left chambers. This case reaffirms the possibility of cardiac involvement in CMV infection and emphasizes the importance of viral etiologies as differential diagnoses for acute myocarditis.

Biography

Rebecca Perez de Amorim is a Medical school student at the University of the State of Pará in Brazil. She assists Doctor Moacyr Magno Palmeira in his researches.

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