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Myocarditis mimicking acute coronary syndrome secondary to eosinophilia

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Background: Eosinophilic myocarditis is a rare and under-recognized subtype of myocarditis. The signs and symptoms are non-specific, most often mimicking other diseases, leading to a late, and sometimes, incorrect diagnosis. This disease can be self-limiting, however, if not detected early, can progress to a fatal outcome.

Case Presentation: A 33-year-old female, known asthmatic was admitted due to recurrent chest pain, dyspnea and abdominal pain. ECGs showed transient ST segment elevation. The cardiac enzymes, WBC and eosinophil counts were significantly elevated. Coronary angiogram was normal. 2D echocardiogram showed concentric hypertrophy with segmental hypokinesia, normal LVEF, severe mitral regurgitation and with signs of diastolic dysfunction. Cardiac MRI showed mild diffuse myocardial edema and a patchy subendocardial enhancement. After initiation of steroid therapy, there was dramatic improvement in the symptoms and peripheral eosinophilia. 2D echocardiogram was again performed after several months was normal. Early discontinuation of steroids resulted in recurrence of cardiac events.

Conclusion: Eosinophilic myocarditis, though uncommon, should be considered as a differential diagnosis in patients with acute coronary syndrome-like symptoms, history of asthma and allergies, a normal coronary angiogram, with or without peripheral eosinophilia. An echocardiogram and a cardiac MRI can support the diagnosis, however, endomyocardial biopsy remains to be the gold standard. Prompt recognition and immediate steroid therapy are important keys in managing this rare disease.

Biography

Aileen D M Divinagracia-Alban has completed her Doctor of Medicine and Internship from the University of Santo Tomas. She took up Residency Training in Internal Medicine from Makati Medical Center. She is currently a 3rd year Cardiology Fellow in Makati Medical Center, Philippines.

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