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IMAGES IN CARDIOLOGY

Eosinophilic Myocarditis: An Unusual Presentation

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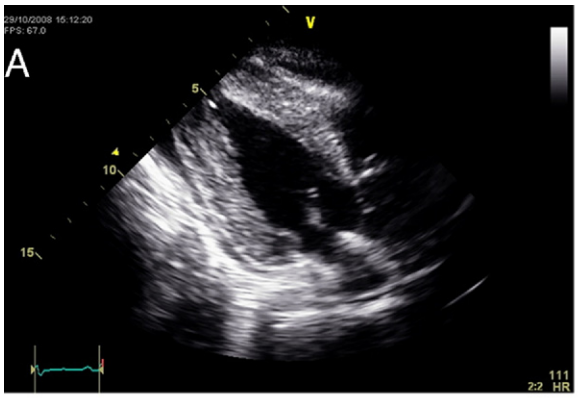

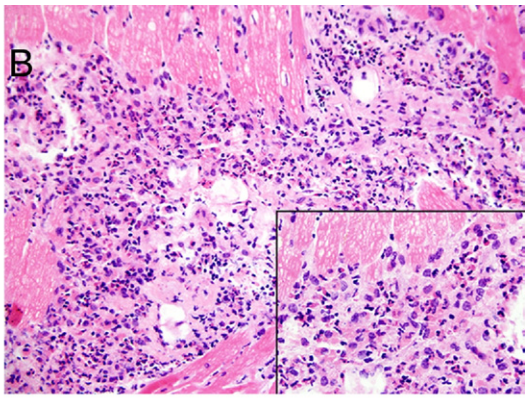

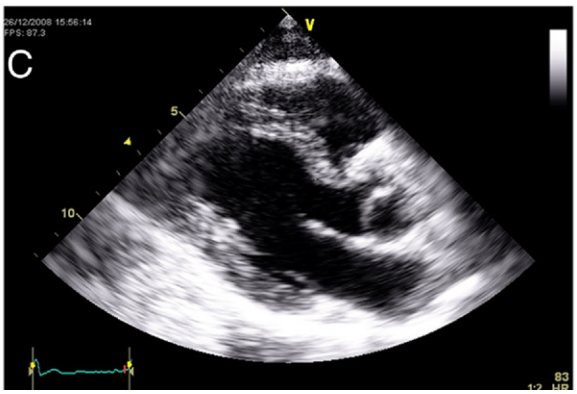

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A 37-year-old man presented with a 2-day history of recurrent pre-syncope. He had no significant medical history. His blood pressure was 90/60 mm Hg, and an electrocardiogram showed sinus tachycardia (115 beats/min). Systemic examination was unremarkable. His chest radiography and plain computed tomography brain scan were normal. His blood test showed a raised total leukocyte count (15,770/ml) with normal differentials. A slight rise in serum C-reactive protein and cardiac enzymes was noted.

A transthoracic echocardiogram showed concentric biventricular thickening with severe systolic dysfunction (**A**, Online Video 1). Cardiac catheterization revealed normal coronary arteries. Endomyocardial biopsy showed a moderately heavy inflammatory cellular infiltrate dominated by eosinophils with admixed lymphocytes and histiocytes **(B)**, suggesting a diagnosis of eosinophilic myocarditis. After 5 days of steroid therapy, a repeat echocardiogram showed marked improvement in systolic function as well as near resolution of the left ventricular wall thickness (**C**, Online Video 2). The patient remained well and was discharged home 2 days later.