Myocarditis Myocardial and Valvular Diseases Handout IV

Bacteria	• abscesses
Viruses	 interstitial mononuclear infiltrate with necrosis of individual myocytes
Parasites	 organisms in interstitium or myocytes with necrosis and inflammation
Sarcoidosis and fungi	• granulomas
Hypersensitivity	 perivascular eosinophils with or without vasculitis

	PERICARDITIS	MYOCARDITIS
CLINICAL	Sharp or pleuritic chest pain, worse when supine Pain radiating to left trapezius ridge Dyspnea	Flu-Like (myalgias, fatigue, fever) Dyspnea, new CHF Pediatrics - grunting, retractions
ETIOLOGY	Viruses & Idiopathic Most Common Lupus/Sarcoid Radiation Drugs (procainamide, hydralazine)	Infectious (influenza, lyme, chagas, etc)
DIAGNOSIS	Clinical EKG Stages: (1) PR depression with ST elevation (III>II and no ST depression in aVL suggests pericarditis) (2) Normalization (3) T wave inversion Pericardial effusion on ultrasound Troponin may be elevated	Difficult EKG - Sinus tachy, dysrhythmia, Troponin may be elevated ECHO may show hypokinesis Gold std: biopsy
TREATMENT	Ibuprofen 400-800 mg q6-8 hrs x 2 weeks Colchicine 0.5 mg BID (prevents recurrence) "Note: In US formulation is 0.6mg tablets Admit for high risk: large effusion, T >38 C, signs of myopericarditis	Admit to monitored setting Supportive (may need LVAD, ECMO)

CONDITIONS THAT CAN PRODUCE THE ACUTE PERICARDITIS

- By Bacteria
- Usually Due To Viruses
- Parasites
- Fungi
- After A Heart Attack.
- Aneurysm
- Cancer
- Certain Drugs.
- Heart Surgery.
- Injury
- Kidney Failure
- Lupus
- Radiation Therapy
- Rheumatic Fever
- Rheumatoid Arthritis
- AIDS, (Wicked Immune System)



Clinical features

Pericarditis

- The most common symptom of acute pericarditis is *precordial or retrosternal chest pain*, usually described as *sharp or stabbing*.
- Pain may be of sudden or gradual onset and may radiate to the back (left trapezial ridge), neck, left shoulder, or arm.
- o Movement or inspiration may aggravate the pain.
- o Pain may be most severe when the patient is supine and can be relieved when the patient leans forward while sitting.

CAUSES OF MYOCARDITIS

Primary myocarditis

- Myocarditis caused by acute viral infection is called primary myocarditis.
- <u>Viruses</u>: Coaxsackie A and B, adenovirus, influenza virus, HIV virus, Epstein-Barr_yirus, herpes virus, cytomegalovirus, mumps virus, respiratory syncytial virus and rubella virus.

Secondary myocarditis

Myocarditis caused by non-viral cause is called secondary myocarditis

Infections

- <u>Bacterial</u>: Diphtheria, brucellosis, H.influenza, mycoplasma, pn<u>eumococci</u>, salmonella, streptococcus, sta<u>phylococ</u>cus.
- Protozoal: Entamoeba, trypanosomiasis.
- Fungal: Candida, actmomyces, aspergillus



Myocarditis: <u>Definition</u>:

Inflammation of the cardiac muscle, with an immune

cellular infiltrate that results in myocardium destruction

and/or valvular disease , without blockage of coronary

artery that define heart attack (myocardial infarction).

Myocarditis may or may not include death (necrosis) of

heart tissue.

Inflammatory Disorders of the Heart

Endocarditis

Pericarditis

Myocarditis







PERICARDITIS

Definition: inflammation of the pricardium

Clinical manifestations

–Pain over pericardium, clavicle, neck & scapula

-friction rub, aggravated by breathing& turning in bed, relieved by sitting up

 dyspnea, low cardiac output, increase WBC, pt appears extremely ill



PERICARDITIS

Causes:
 (b) Diseases in lungs, pleura and mediastinum:
 (i) tuberculosis
 (ii) carcinoma
 (iii) pneumonia complicated by empyema

(c) Generalized disorders (mechanism not known) (i) uremia (ii) connective tissue diseases (iii) hypothyroidism

Differentiating Chest Pain

Pericarditis

- Pain is often sharp, piercing
- Located between the neck and shoulder
- Dyspnea unrelated to exertion
- Pericardial friction rub

Acute MI

- Pain is described as pressure
- Dyspnea related to exertion
- Pain is in the chest and may sometimes radiate

Causes of Pericardial Effusion

Neoplastic

- Hemangiosarcoma
- Aortic body tumor (chemodectoma)
- Heart-base tumor
- Mesothelioma
- Thyroid carcinoma
- Lymphosarcoma
- Connective tissue tumor
- Other metastatic tumors

Congenital

- Peritone operic ardial diaphragmatic hernia
- Pericardial cyst

Other

- Right-sided heart failure
- Left atrial rupture
- Traumatic atrial rupture
- Anticoagulant rodenticide toxicosis
- Uremic pericarditis
- Bacterial or fungal infection
- Constrictive pericarditis

Idiopathic

Causes:

I. Infection: is the most important cause:

A. Viral infection: this is the most important cause in infection coxachi A virus. And B commonest one. B₃, B₅. ECHO virus, influenza V. hepatitis V. B. Bacterial infection – Tubercle bacilli Staphylo coccus Strepto coccus Pneumo coccus

Myocardutis & Pericarditis endocardium myocardium = heart BURDUS epicardium / pericardium pericardial space fibrous pericardium



Manifestations of myocarditis range from asymptomatic or nonspecific generalized illness to acute cardiogenic shock and sudden death.

Infants and young children more often have a fulminant presentation with:

- Fever.
- Respiratory distress.
- Tachycardia, hypotension, gallop rhythm, and cardiac murmur.
- Associated findings may include a rash or evidence of end organ involvement such as hepatitis or aseptic meningitis.

Viral Myocarditis

Signs and symptoms:

- Chest pain (often described as "stabbing" in character)
- Congestive heart failure (leading to edema, breathlessness and hepatic congestion)
- Palpitations (due to arrhythmias)
- Sudden death (in young adults, myocarditis causes up to 20% of all cases of sudden death)
- Fever (especially when infectious)

Signs and Symptoms of Viral Myocarditis

- Symptoms
 - Fatigue
 - Dyspnea
 - Palpitation
 - Chest pain
 - Syncope

- Signs
 - Pericardial rub
 - Sinus tachycardia
 - Atrial or ventricular arrhythmias
 - Conduction disturbances
 - Cardiomegaly
 - Right or left S₃ or S₄ gallop sounds
 - Congestive heart failure