A case of myopericarditis
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ABSTRACT
Acute myopericarditis is an entity which can mimic presentation of acute myocardial infarction (AMI). We present a 22 years old, previously healthy man who came with history of chest pain, breathlessness, and low grade fever. On examination he was detected to have raised JVP, pulsus paradoxus and right sided pleural effusion. ECG revealed ST-segment elevation and PR segment depression in non-contiguous leads. Troponin T was elevated. Acute tuberculous myopericarditis was diagnosed on the basis of 2 D ECHO findings, laboratory tests, as well as the changes observed in electrocardiograms (ECG) and in the cardiac enzyme levels. Pleural fluid aspiration revealed lymphocytic predominant, exudative fluid with ADA in suspect range. The case highlights the importance of taking proper history, thorough examination. High index of suspicion supported by Transthoracic 2 D ECHO and cardiac MRI confirms the diagnosis.

Introduction:
A 22 years old male patient, laborer by occupation, presented with complaints of chest pain over left side of chest which was more in supine position and used to get relieved in sitting position, palpitations, breathlessness, dry cough and low grade fever with
lymphocytic predominance and ADA (33.70), which was in suspect range. On the basis of findings & investigations patient was labeled as a case of subacute constrictive myopericarditis secondary to tuberculosis. He was started on first line anti Koch’s treatment (HRZE) and Injectable steroids followed by oral steroids to which patient showed significant response. Patient was referred to higher center for surgical management thereafter.

Constrictive pericarditis CP is a chronic thickening of pericardium, caused by pericardial fibrosis, fused pericardial membranes and eventually calcification, leading to an impaired filling of ventricles and consequently reduced ventricular functions. Constrictive pericarditis usually leads to chronic diastolic heart failure. Causes include idiopathic, iatrogenic, infections like tuberculosis, viral, fungal or parasitic infections and autoimmune disorders.

Normal pericardium does not produce electrical impulses that affect the electrocardiogram, and the ST-T changes seen in pericarditis are believed to be because of inflammatory injury of a thin layer of myocardium beneath the visceral pericardium which also raises the of cardiac markers.

European Society of Cardiology have suggested that “pericarditis” should be the term used when pericarditis is unaccompanied by any evidence of myocarditis; while “myopericarditis” be used when there is evidence, such as widespread ST-segment elevation of myocardial involvement, and “perimyocarditis” be used when pericarditis is the dominant feature associated with myocarditis.

References: