A 29-year-old man with no significant past medical history and no risk factors for coronary artery disease, presented with episodes of anterior burning chest pain with radiation to the right arm. Based on the history, the clinical presentation, and the laboratory tests the provisional diagnosis of myocarditis was made. Cardiac magnetic resonance imaging confirmed the diagnosis.
Transverse cardiac magnetic resonance images from the patient’s study. There is increased signal at the lateral wall in the T2-weighted images (panel A, white arrow) that suggests tissue edema. The T1-weighted images do not reveal any pathology (panel B), but after administration of gadolinium (panel C) there is increased contrast uptake in the same region (open white arrow), suggesting increased blood flow. Finally, in the delayed images there is signal enhancement in the same region (panel D, dotted white arrow) that suggests increase of the extracellular space. The uptake of gadolinium in the acute phase and later on has been reported to be a prognostic predictor in patients with acute myocarditis.¹,²

References