Ulcerative colitis-induced myocarditis

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DESCRIPTION

A 24-year-old man presented with a 2 h history of substernal chest pain radiating to both arms with associated dyspnoea, diaphoresis and dizziness. He also reported a 3-week history of abdominal cramping with multiple loose bloody bowel movements. His vital signs were stable and general examination was unremarkable. He had similar abdominal symptoms about 3 months prior for which he sought medical attention and was given a preliminary diagnosis of colitis but never followed up. A chest CT scan was performed and ruled out pulmonary embolism. A 12-lead ECG revealed J-point ST elevation in the inferolateral leads, and cardiac troponin-I was elevated at 0.211 µg/L (ref <0.034). Cardiac catheterisation revealed normal coronary arteries and left ventricular systolic function. Troponin-I levels peaked at 12 h (1.57 µg/L), then trending down the following day. Given the clinical presentation and ECG changes in the setting of normal coronary angiography, a diagnosis of acute myocarditis was suspected. Cardiac MRI showed myocardial oedema with delayed gadolinium enhancement in the subepicardial apical inferior (figure 1, left panel) and mid-apical inferolateral myocardial segments (figure 1, right panel) consistent with acute myocarditis.^{1 2} Given the history of altered stool consistency and frequency, he also underwent a flexible sigmoidoscopy that showed active ulcerative colitis. Daily oral prednisone and mesalamine therapies were instituted which led to resolution of both cardiac and gastrointestinal symptoms.³ At a 1-month clinic

follow-up, the patient reported no cardiac or abdominal symptoms.

Learning points

- ▶ Myocarditis is a common, but underdiagnosed disease due to its inconsistency in presentation.¹
- ▶ Careful workup of young patients presenting with myocarditis is warranted especially for systemic inflammatory disorders including IBD.^{1 2}
- ▶ Control of the underlying disease is often associated with myocarditis resolution and prevention of recurrence.³

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 Cardiac MRI showing myocardial oedema and delayed gadolinium enhancement in the subepicardial apical inferior (left panel) and mid to apical inferolateral myocardial segments (right panel).

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