It is important to keep acute myocarditis in the differential diagnosis of a patient who presents with new signs or symptoms of acute heart failure (which can initially look like a viral syndrome with vomiting, diarrhea, cough, shortness of breath, fatigue…) especially in children and young adults.

Consider myocarditis in the setting of chest pain or heart failure symptoms.
Tests that may help diagnose Myocarditis include:

- B-type natriuretic peptide concentration (BNP) which will be elevated in Myocarditis, but it will not distinguish myocarditis from other causes of heart failure
- Troponin I concentration (may or may not be elevated in Myocarditis, especially in children)
- Chest X-ray (look for Cardiomegaly, pulmonary vascular congestion, pleural effusion)
- EKG (PR depression, decreased voltages, irregular rhythm, Heart block, ST segment changes)
- Echocardiogram (depressed left ventricular syst. function, mitral regurg., dilated left ventricle)
- Cardiac MRI can reveal myocardial edema and ischemia that often occurs in myocarditis

If acute myocarditis is suspected, referral to a cardiologist is recommended.

Please accept this as a request to acknowledge this patient’s history and look to rule out another episode of the disease.

*Early correct diagnosis of this disease leads to better outcomes for the patient.*

www.myocarditisfoundation.org