

THE MYOCARDITIS FOUNDATION Board of Directors

The Foundation board is comprised of medical professionals with experience in myocarditis and lay persons who have been touched by the disease.



Joseph Rumore, President - Myocarditis survivor and heart transplant recipient. He is a former managing Director of a national insurance company



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Candace Moose, Co-Founder, Director - Giant Cell Myocarditis survivor and heart transplant recipient. Candace is a retired nurse, a speaker and advocate for organ donation and is also the author of the book, *The Grateful Heart: Diary of a Heart Transplant*.

Dr. Jack Price, MD, Director - Associate Professor of Pediatrics, Baylor College of Medicine, Pediatric Cardiologist specializing in Heart Failure and Transplant Cardiology, Texas Children's Hospital

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Medical Advisory Board

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Bruce M. McManus, PhD, MD, FRSC, FCAHS - Professor & Director, The James Hogg iCAPTURE Centre, University of British Columbia-St. Paul's Hospital Scientific Director, The Heart Centre-Providence Health Care, Vancouver, British Columbia, Canada.

Dennis M. McNamara, MD - Associate Professor of Medicine; Director, Heart Failure Section; Director, Cardiomyopathy Clinic and Heart Failure Research Program, Cardiovascular Institute at University of Pittsburgh Medical Center Presbyterian, Pittsburgh, PA.

Steven D. Colan, MD - Professor of Pediatrics at Harvard Medical School and Associate Chief of Cardiology at Boston Children's Hospital.

Bettina Heidecker, MD - Head of Heart Failure and Cardiomyopathies at the Charite' in Berlin, Germany; Myocarditis Researcher and previous Myocarditis Foundation Fellowship Grant Recipient.

DeLisa Fairweather, PhD, FAHA, Director - Associate Professor, Director of Translational Research, Department of Cardiovascular Medicine, Mayo Clinic Jacksonville, Florida.

Myocarditis Foundation You Can Help, Please Donate:

By Mail: The Myocarditis Foundation
3518 Echo Mountain Drive
Kingwood, Texas 77345

Online: www.myocarditisfoundation.org
Click **DONATE** Link

The Myocarditis Foundation (MF) seeks to increase awareness and hasten progress in understanding myocarditis by awarding grants to help guarantee that new and innovative research avenues are thoroughly funded and explored. Please donate now.

The MF is a private, non-profit organization that exists to educate physicians and the public about this rare disease and support the patients and their families who have been affected by the disease. Copies of our materials will be available without charge. All of the money donated to MF will go directly to programs and services.

For more information:
info@myocarditisfoundation.org

Internet Resources

Children's Cardiomyopathy Foundation:
www.childrenscardiomyopathy.org

Peripartum Cardiomyopathy Support network:
www.amothersheart.org

Parent Heart Watch: www.parentheartwatch.org

Compassionate Friends:
www.compassionatefriends.org

MayoClinic:
www.mayoclinic.org/myocarditis/research.html
www.mayoclinic.com/health/myocarditis/dS00521

American Heart Association:
www.americanheart.org

MyocarditisFoundation.org Website Resources

Please call the MF at 281-713-2962, or email Gen at gen@myocarditisfoundation.org. You can also go onto the Inspire.com website and go into the Myocarditis Community Page to speak with others who have been affected by myocarditis.

ADULT MYOCARDITIS: RECOGNITION AND DIAGNOSIS



MYOCARDITIS
FOUNDATION

*Knowledge
Nurtures
Hope. . .*

Your journey is just beginning

The Myocarditis
Foundation

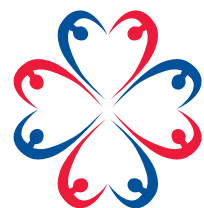
is here
to help.

www.myocarditisfoundation.org



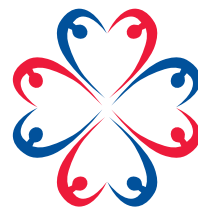
DEFINITION: What is Myocarditis?

Myocarditis is a rare, sometimes fatal disease characterized by inflammation of the heart muscle. Although it is an important cause of dilated cardiomyopathy (enlarged weakened heart muscle that can't pump well) worldwide, often progressing to heart failure and transplantation, myocarditis remains poorly understood and is often undiagnosed. Most cases of myocarditis result from a prior viral infection, although many other causes have been identified. The true incidence of myocarditis is unknown due to diagnostic difficulties.



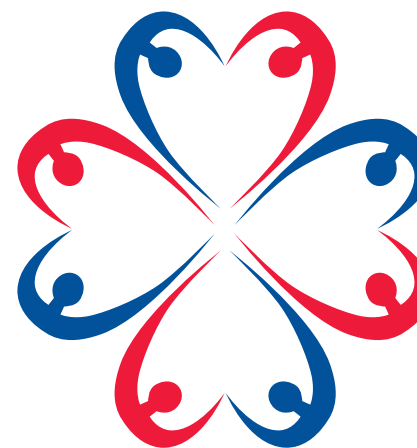
SIGNS AND SYMPTOMS: When to Suspect Myocarditis

Signs and symptoms of myocarditis at initial presentation can be highly variable ranging from non-specific complaints to acute diffuse heart failure. Patients may recall a recent history of gastrointestinal illness or seek medical attention for mild, non-specific viral flu-like symptoms. Most commonly, the initial presentation is of sudden onset heart failure with severe chest pain, difficulty breathing, fatigue, palpitations, lethargy, decreased exercise tolerance and or syncope (dizziness.)



THERAPY: What are the Treatment Options for Myocarditis?

The primary treatment is supportive care based on guidelines and recommendations published by major cardiovascular organizations in North America and Europe. Administration of intravenous cardiac medications or the insertion of a temporary pacemaker may be necessary. In severe cases, extracorporeal membrane oxygenation (ECMO) or a ventricular assist device (VAD) may be necessary in the acute phase to allow the heart to recover or to serve as a bridge to transplantation. Immunoglobulin or corticosteroids have been used in some acute cases to inhibit the immune response. Following the acute phase, surviving patients may recover completely or have long-term deficits. In severe cases, cardiac transplantation may offer the best chance for long-term survival. Patients with acute myocarditis should refrain from competitive sports until cleared to do so by their physician.



CONCLUSION:

Although myocarditis is a relatively rare disease that in many cases resolves without further problems, the importance of recognition, early diagnosis and prompt treatment in high-risk individuals cannot be overstressed. A substantial number of patients suffer significant cardiac damage leading to life long morbidity or death when an accurate early diagnosis eludes the doctor. The doctor should maintain a high degree of suspicion for the presence of an inflammatory process when examining patients whose presenting signs and symptoms warrant further cardiac evaluation.



ETIOLOGY: What Causes Myocarditis

Most cases of myocarditis result from viral infections, although many other infectious and non-infectious agents have been considered rare causes of the disease. About 20 viruses have been associated with myocarditis and dilated cardiomyopathy. A rare and particularly deadly form of myocarditis called, Giant Cell Myocarditis, is associated with pre-existing autoimmune disease and hypersensitivity reactions to drugs in a small group of patients.

DIAGNOSIS: How is Myocarditis Detected?

Accurate diagnosis of myocarditis is challenging due to the variability of presentation and the lack of highly specific diagnostic tools available. Electrocardiograms, Chest X-rays, Echocardiograms, and more recently Cardiac Magnetic Imaging (MRI) have been used for assessing suspected myocarditis cases. Endomyocardial Biopsy (a biopsy of the heart muscle) remains the gold standard for a definite diagnosis of acute myocarditis in patients in whom the benefits outweigh the risks of such a procedure.

For further information please visit the Myocarditis Foundation website at: www.myocarditisfoundation.org