

## 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.

**Dr. Leslie T. Cooper, MD – Co-Founder**, Chair of the Dept. of Cardiovascular Medicine at Mayo Clinic, Florida.

**Candace Moose – Co-Founder**, Giant Cell Myocarditis Survivor and Transplant Recipient.

**Joseph Rumore**, Viral Myocarditis Survivor and Transplant Recipient. Former Managing Director of a national insurance company.

**Michael A. Linn**, Medical Device Executive.

**Francine Andrea**, Former Vice-President for Enrollment Management, Student Affairs, and Chief Compliance Officer for Felician University.

**Louis Romano**, Owner of Home Well Care.

**Stephanie Kennan**, Senior Vice President of Federal Affairs at McGuire Woods Consulting.

**Dr. Jack Price, MD**, Professor of Pediatrics at Baylor College of Medicine, Cardiologist at Texas Children's Hospital.

**Dr. Bettina Heidecker, MD**, Head of Heart Failure and Cardiomyopathies Charite, Berlin, Germany.

**Joel Aranson**, Founder and Chairman of National Sporting Good Corporation and father of a Giant Cell Myocarditis victim.

**Giustina Schiano**, Mother of a Viral Myocarditis victim and Family Advocate for the Myocarditis Foundation.

**Gary Kubera**, Former Chemical Industry Executive and CEO.

**Jamie Giani**, Lawyer, Mother of a Viral Myocarditis Victim.

## Medical Advisory Board

**Akira Matsumori, MD** - Professor of Medicine Dept. of Cardiovascular Medicine, Kyoto University Graduate School of Medicine, Kyoto, Japan.

**Bruce M. McManus, MD, PhD** - Professor Emeritus, UBC Centre for Heart Lung Innovation Founding CEO, PROOF Centre of Excellence Vancouver, British Columbia, Canada.

**Dennis M. McNamara, MD** - Professor of Medicine, Director Center for Heart Failure Research University of Pittsburgh Medical Center.

**DeLisa Fairweather, PhD, FAHA**, Director of Translational Research and Professor of Medicine in the Dept. of Cardiovascular Medicine at Mayo Clinic in Jacksonville, Florida.

**Wilson Tang, MD** - Professor of Medicine at Cleveland Clinic Lerner College of Medicine at Case Western Reserve University. Practicing heart failure and transplant cardiologist at the Cleveland Clinic specializing in Cardiomyopathies and Myocarditis.

**Enrico Ammirati, MD, PhD** - Asst. Professor at the School of Medicine at the Vita-Salute San Raffaele University in Milan, Italy. Clinical Cardiologist who subspecializes in heart failure and myocarditis at the DeGasparis Cardio Center and Transplant Center at the Niguarda Hospital, Milan, Italy.

**Justin Godown, MD** - Asst. Professor at Monroe Carell, Jr., Children's Hospital at Vanderbilt, Medical Director of Pediatric Cardiomyopathy and Cardio Oncology and practicing Pediatric Cardiologist.

## Myocarditis Foundation You Can Help, Please Donate:

**By Mail:** The Myocarditis Foundation  
800 Rockmead Drive  
Suite 155  
Kingwood, Texas 77339



**Online:** [www.myocarditisfoundation.org](http://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. All of the money donated to MF will go directly to programs and services.*

**For more information:**  
[info@myocarditisfoundation.org](mailto:info@myocarditisfoundation.org)



### Internet Resources

Children's Cardiomyopathy Foundation:  
[www.childrenscardiomyopathy.org](http://www.childrenscardiomyopathy.org)

Parent Heart Watch: [www.parentheartwatch.org](http://www.parentheartwatch.org)

Compassionate Friends:  
[www.compassionatefriends.org](http://www.compassionatefriends.org)

American Heart Association:  
[www.americanheart.org](http://www.americanheart.org)

**MyocarditisFoundation.org**  
Website Resources



Please call the MF at 281-713-2962, or email Gen at [gen@myocarditisfoundation.org](mailto:gen@myocarditisfoundation.org). You can also go onto the [Inspire.com](http://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 you

[www.myocarditisfoundation.org](http://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:

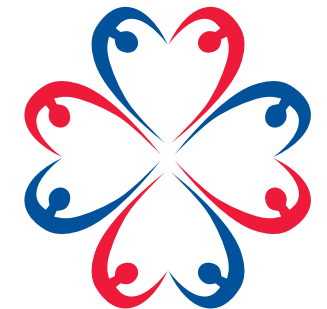
Although myocarditis is a relatively rare disease that in many cases resolves without further problems, the importance of recognition, early diagnosis and prompt treatment in high-risk individuals cannot be overstressed. A substantial number of patients suffer significant cardiac damage leading to life 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](http://www.myocarditisfoundation.org)