Uncommon history of a giant cell myocarditis

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Case report

A 48-year-old woman experienced an episode of cardiac decompensation due to a third-degree atrioventricular block. Normal systolic and diastolic functions of both ventricles were documented. A dual-chamber pacemaker was implanted and eliminated the patient’s symptoms. Two years later, the patient was hospi-
talised due to biventricular heart failure and wide QRS tachycardias. Pacemaker follow-up revealed a continuous deterioration of the pacing threshold and of the evoked action potential combined with a congestive cardiomyopathy which was documented by echocardiography (fig. 1–3). Granulomatous giant cell myocarditis (GCM) was diagnosed following endomyocardial biopsy (fig. 4–5). Since the patient declined evaluation for

Figure 4
A–F Different biopsy fragments showing extensive destruction of the myocardium by poorly granuloma-like granulation tissue composed of irregularly distributed giant cells, inflammatory cells and fibrous tissue. F A central areactive necrosis is present.
heart transplantation, immunosuppressive treatment with cyclosporine, azathioprine and prednisolone was established. This resulted in subjective improvement and regression of inflammation and granulomas, but was accompanied by progressive renal failure. Echocardiography showed a remarkable recovery of left and right ventricular function (fig. 6). The patient’s condition has remained stable for the past 4 years.

References
