Myocarditis in a patient with Campylobacter enteritis

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DECLARATION OF CONFLICT OF INTEREST

• No disclosures
Campylobacter-associated myocarditis

42-year-old male patient

- History:
  - abnormal tiredness and dyspnea
  - extensive watery diarrhea since 6 days
    - treatment with ofloxacine was unsuccessful

- Physical examination:
  - dehydrated man
  - 100/69 mmHg - 82/min, RR
  - tenderness over the left hemi-abdomen and hyperperistalsis
  - normal cardiac and pulmonary auscultation

- Lab analysis:
  - C-reactive protein 112 mg/L (< 5.0)
  - Troponin I 3.67 µg/L (< 0.13)
  - NT-proBNP 1722 ng/L (< 115)
Campylobacter-associated myocarditis

- Positive stool culture for Campylobacter jejuni, resistant to quinolones
- Hemocultures were sterile
- Serological testing for Coxsackie viruses and Salmonella remained negative

R/ azithromycine for 3 days and ACE-inhibitors were started
Campylobacter-associated myocarditis
34-year-old male

21-year-old male
Campylobacter-associated myocarditis

I. Young (white) male patients 16-43 years old

II. Time delay between onset of GI symptoms and cardiac-related symptoms short between 2 days and 2 weeks

III. Chest pain mainly the presenting symptom

IV. Generally benign course 1 report of fatal myocarditis

<table>
<thead>
<tr>
<th>Case patient</th>
<th>Ref.</th>
<th>Year</th>
<th>Time between onset of enteritis and cardiac-related symptoms</th>
<th>Cardiac-related symptoms</th>
<th>Campylobacter-specific results</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-year-old male</td>
<td>(2)</td>
<td>1984</td>
<td>3 days</td>
<td>Chest pain</td>
<td>Positive stool culture, serological antibody test</td>
<td>Benign course</td>
</tr>
<tr>
<td>32-year-old male</td>
<td>(3)</td>
<td>2001</td>
<td>2 weeks</td>
<td>Breathlessness, chest pain</td>
<td>Positive stool culture, serological antibody tests</td>
<td>Benign course</td>
</tr>
<tr>
<td>30-year-old male</td>
<td>(4)</td>
<td>2003</td>
<td>5 days</td>
<td>Breathlessness, chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>43-year-old male</td>
<td>(5)</td>
<td>2005</td>
<td>5 days</td>
<td>Chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>30-year-old male</td>
<td>(5)</td>
<td>2005</td>
<td>4 days</td>
<td>Chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>47-year-old male</td>
<td>(6)</td>
<td>2005</td>
<td>4 days</td>
<td>Chest pain</td>
<td>Positive stool culture, serological antibody test</td>
<td>Benign course</td>
</tr>
<tr>
<td>16-year-old male</td>
<td>(7)</td>
<td>2007</td>
<td>3 days</td>
<td>Chest pain, shock</td>
<td>Positive stool culture</td>
<td>Benign course</td>
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<tr>
<td>24-year-old male</td>
<td>(8)</td>
<td>2008</td>
<td>5 days</td>
<td>Chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>19-year-old male</td>
<td>(9)</td>
<td>2010</td>
<td>4 days</td>
<td>Palpitations, chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>16-year-old male</td>
<td>(10)</td>
<td>2010</td>
<td>5 days</td>
<td>Chest pain, breathlessness</td>
<td>Positive stool culture, serological antibody test</td>
<td>Benign course</td>
</tr>
<tr>
<td>17-year-old male</td>
<td>(10)</td>
<td>2010</td>
<td>2 days</td>
<td>Chest pain</td>
<td>Positive stool culture</td>
<td>Benign course</td>
</tr>
<tr>
<td>21-year-old male</td>
<td>(11)</td>
<td>2010</td>
<td>some days</td>
<td>Chest pain</td>
<td>Positive stool cultures</td>
<td>Benign course</td>
</tr>
</tbody>
</table>

* CK: elevation of serum creatine kinase
# Trop I: elevation of serum troponin I