



Intramyocardial hematoma Mistaken for myocarditis

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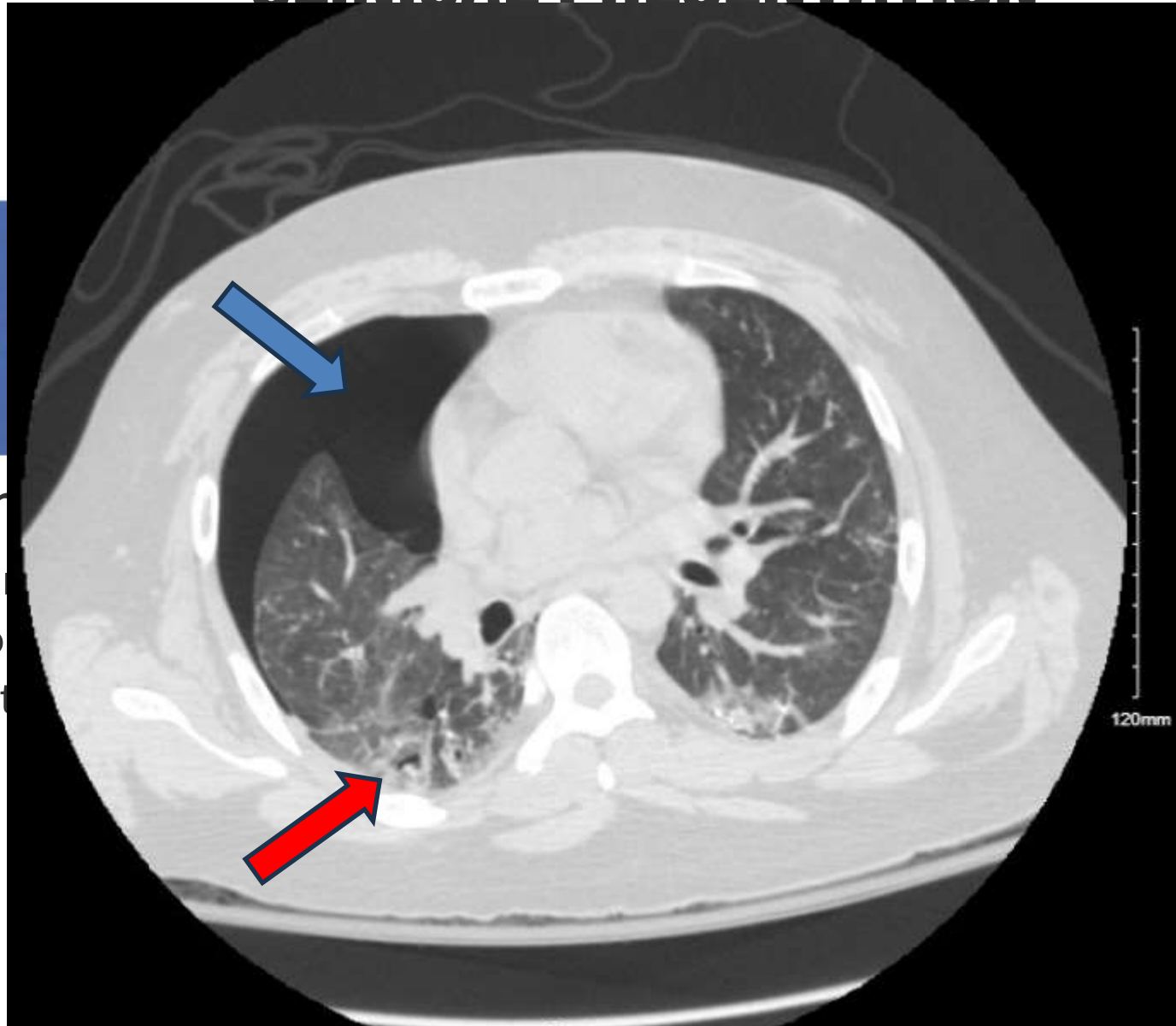
CLINICAL PRESENTATION

23 year

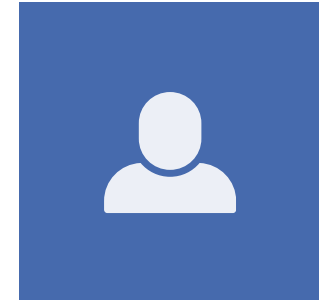


Stroke Sym

Presented with in
move left arm o
urinary incont



ular type)



CT Chest

o aortic dissection.
te right pneumothorax.
al pulmonary cavitary
lesions

CARDIAC EVALUATION

23 years old Male with Ehler Danlos IV (vascular type)



Troponin

Peak 12 ng/dL.
No aginal symtoms.



Echo

EF 45-50%. Akinesis of the mid to distal septum, distal anterior, apex, and distal inferior wall


CARDIAC EVALUATION

23 years old Male with Ehler Danlos IV (vascular type)

Cardiac MRI

Invasive Coronary angiogram ?

Coronary CTA

1. Sub-epicardial hyperenhancement within the anteroseptal and apical segments consistent with acute myocarditis.
 2. Patent LAD
 3. Moderate Pericardial effusion
- 

MANAGEMENT

Stroke

Conservative. No surg intervention

Symptoms improve within 48 h.

PT/OT

“Myocarditis” Intramyocardial Hematoma

Aspirin, metoprolol, and lisinopril

Pneumothorax

Chest tube

Follow up

1 week with Echocardiogram

LVEF recovered 55%. No WMA

SUBSEQUENT COURSE

- 1 week follow-up

LVEF recovered to 55% with no wall motion abnormalities, pericardial effusion trace



- 6 years later

Experienced bowel perforation and biceps tendon rupture

- 4 years later

Suffered a cerebrovascular accident (CVA) and left hemothorax, underwent video-assisted thoracoscopic surgery (VATS)



- 7 years later

Developed right retroperitoneal hematoma, underwent covered renal stent placement



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CURRENT STATUS

Strict Blood Pressure Control

Weight Bearing Restriction

Constipation Prevention

High Vascular Complication Risk

Thank you



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