

Myocarditis confirmed by biopsy presenting as acute myocardial infarction

Sir,

We were very interested to read the report by Costanzo-Nordin *et al* in the January 1985 issue of the *British Heart Journal* of two cases of myocarditis confirmed by biopsy which presented as acute myocardial infarction.¹

In April 1984 we reported on two similar cases in *Archives des Maladies du Coeur*.² These occurred in a 31 year old woman and a 37 year old man who were referred to our intensive care unit with the diagnosis of acute anterior myocardial infarction. In both cases acute cardiogenic shock with diastolic equalisation of pressure lead us to the incorrect diagnosis of heart rupture. But in both cases cardiac catheterisation showed normal coronary arteries, and the acute myocarditis that we diagnosed healed without any sequelae (normal electrocardiogram, echocardiography, and angiography). In the male patient the diagnosis was based on serological investigation which showed a high and increasing titre of *Chlamydia trachomatis*. We recognise that cardiac biopsy cannot be performed during the subacute stage of the disease, but we agree with Costanzo-Nordin *et al* that biopsy may be useful in identifying myocarditis

that is associated with or simulates acute myocardial infarction.

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References

- 1 Costanzo-Nordin MR, O'Connell JB, Subramanian R, Robinson JA, Scanlon PJ. Myocarditis confirmed by biopsy presenting as acute myocardial infarction. *Br Heart J* 1985; 53: 25-9.
- 2 Artigou JY, Masquet C, Beaufile P, *et al*. Myocardite aigue simulant une rupture d'infarctus antérieur. A propos de 2 observations. *Arch Mal Coeur* 1984; 77: 451-7.

Notices

British Cardiac Society

The Annual General Meeting for 1986 will take place in York on 2 and 3 April 1986, and the closing date for receipt of abstracts was 2 January 1986.

The Autumn Meeting will be held at the Wembley Conference Centre, London, on 25 to 27 November 1986, and the closing date for receipt of abstracts will be 1 August 1986.

Peter Debye prize

The University of Limburg will award the 1987 Peter Debye prize in cardiovascular diseases. The prize of 20 000 guilders has been provided by the Edmond Hustinx Foundation. Further information from: Dr E H S Drenthe, Secretary of the Jury, University of Limburg, Office of the Rector, PO Box 616, 6200 MD Maastricht, The Netherlands.