

24th Annual Resident Poster Day

October 12, 2021



A Shocking Case of Fulminant Lupus Myocarditis

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Myocarditis is a rare but potentially deadly complication of systemic lupus erythematosus (SLE). Its presentation can vary from asymptomatic to hemodynamic collapse. Here we share an atypical case of lupus myocarditis presenting as acute cardiogenic shock. Demographics for lupus myocarditis tend to be relatively young and healthy patients with early signs of multi-organ failure. Prior to medical advances, this condition was previously diagnosed mainly at autopsy. Cardiogenic shock can progress precipitously with paradoxical complete recovery in patients who survive the initial hemodynamic collapse. EKG may show low QRS voltage secondary to myocardial edema, with natriuretic peptides often elevated and can be useful prognostically. Gold standard for diagnosis is endomyocardial biopsy. However, biopsy is not routinely pursued due to low sensitivity and potential for complications. Treatment consists of high-dose steroids with adjuvant immunosuppressants and standard cardiac management. Given the rarity of the condition, little is known about the ideal treatment regimen and the long-term cardiovascular sequelae.