Acute myocarditis mimicking myocardial infarction in an HIV infected patient

Recent reports have described patients with acute myocarditis masquerading as acute myocardial infarction[1-2]. We observed a similar case in a patient infected with the Human Immunodeficiency Virus-1 (HIV-1).

A 47-year-old woman was admitted to hospital with severe chest pain of sudden onset suggestive of myocardial infarction. There was a 3-year history of chronic hepatitis C which had been managed with a 12-month course of interferon-alpha; this had been discontinued 8 months before admission. The patient had also been seropositive for HIV-1 for 8 years. Both viral infections were transmitted by blood transfusion in 1985.

The patient had previously remained free of all opportunistic infection and was asymptomatic for any HIV-associated illness. The CD4 cell count had been about 400 per mm$^3$ for 3 years when therapy with zidovudine was started.

The patient was well until 2 days before admission when she developed a cough and a 38°C fever. On admission, the chest-pain, that had lasted for about 20 min, was no longer present. At physical examination, the heart was normal. No cardiac murmur or pericardial friction rub were heard. Blood pressure was 120/70 mmHg. There were no clinical features suggestive of cardiac failure or shortness of breath, but there was slight hepatic enlargement that had been previously noted. Her temperature was 37.8°C.

There were no clinical or biological signs of liver failure. Transaminase levels were 1-5 times normal, serum albumin and plasma pro-