Clinical vignette
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Multiple myocardial abscesses successfully treated with medical management in an immunosuppressed patient

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Myocardial abscess is usually resulted from the septicemia of various microorganisms such as Candida, Staphylococcus, Aspergillus, Streptococcus, and Salmonella species. Since it is a potentially fatal complication which can cause myocardial rupture and death, surgical treatment is sometimes warranted. A 59-year-old man had a second cadaveric liver transplantation because of previous graft failure and received immunosuppressive therapy including FK506 and prednisolone. Twenty-four days after the surgery, chest X-ray showed rapidly progressive multiple nodular infiltrations in both lung fields. On chest computed tomography, the nodular infiltrations appeared to be cavity-forming lesions with central necrosis suggestive of fungal pneumonia, and multiple low-density round lesions were detected within the myocardium (upper panel). Transthoracic echocardiography showed echo-free spaces within the interventricular septum and mid-posterolateral wall (middle panel). Although no microorganism was identified by repeated microbiologic studies, empirical antibiotics and antifungal therapies were implemented. The myocardial abscesses were found to be decreased in size on the follow-up echocardiography after 20 days of medical management (lower panel), and he was uneventfully discharged from hospital 8 days after the echocardiography.

Upper panel. Chest computed tomography showed a cavity-forming lesion in the right upper lobe suggestive of fungal pneumonia (arrow head) and multiple low-density round lesions within the myocardium (arrows).

Middle panel. Transthoracic echocardiography demonstrated multiple echo-free spaces suggesting abscesses within the myocardium of the interventricular septum and posterolateral wall (arrow heads).

Lower panel. On the follow-up echocardiography performed after 20 days of medical management, the myocardial abscesses were found to be decreased in size (arrow heads).