

Image in cardiology

Myocardial Tuberculosis

Tuberculosis miocárdica

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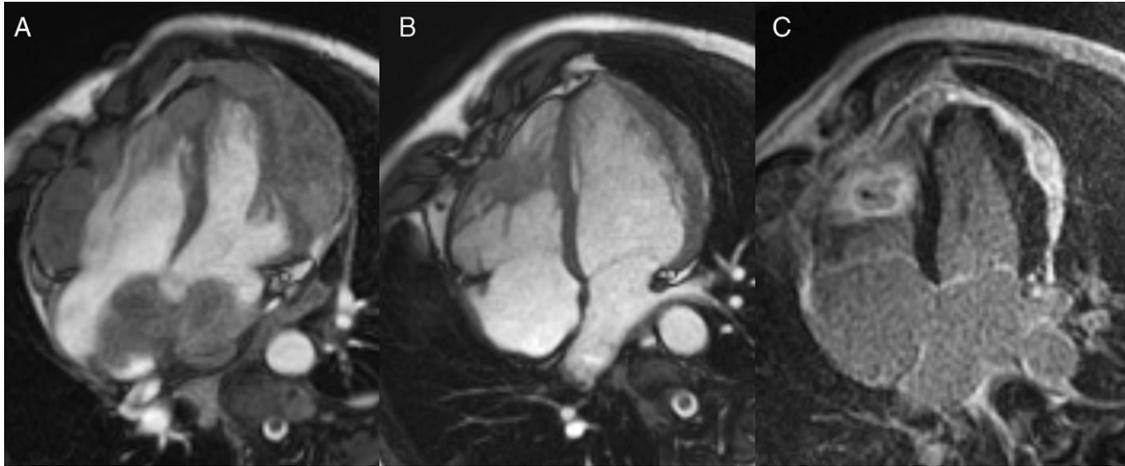


Figure 1.

A 35-year-old man from Senegal was admitted for fatigue, shortness of breath, lumps in his skin, and lower back pain. Tuberculosis was diagnosed by tuberculin skin test and *Mycobacterium tuberculosis* was isolated from skin abscesses. Chest computed tomography revealed tubercular spondylodiscitis, while it excluded pulmonary involvement. Cardiac magnetic resonance showed a thick dysomogeneous pericardial mass infiltrating ventricular and atrial myocardium (Fig. 1A). After a 6-month antibiotic therapy with isoniazid, rifampin and pyrazinamide, the patient reported substantial symptom improvement and cardiac magnetic resonance confirmed significant regression of the myopericardial masses. Only a right ventricular mass and a left ventricular epicardial thickening were still present (Fig. 1B), both characterized by a dense fibrosis on gadolinium delayed enhancement imaging (Fig. 1C). The right ventricular mass, in particular, presented a typical tubercular structure, with a fibrotic cap surrounding a necrotic core. Whereas tuberculous pericarditis has been reported in up to 1% of patients with active tuberculosis, myocardial involvement is very rare, sometimes causes hemodynamic compromise, thromboembolism or refractory arrhythmias, and may even require surgical treatment in addition to antibiotic chemotherapy.

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