



ACTIVE FOCAL GIANT CELL MYOCARDITIS

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<https://doi.org/10.5281/zenodo.10531829>

Giant cell myocarditis is a rare disease, usually characterized by an asymptomatic clinical course with rapid development of heart failure leading to death [Cooper LT, 2006]. The clinical picture is polymorphic, characterized by cardiac arrhythmias, cardialgia, which significantly complicates diagnosis and requires a differential diagnosis with various forms of coronary artery disease and cardiomyopathies. Little is known about the causative agents of viral giant cell myocarditis.

The purpose of the study is to demonstrate the clinical and morphological observation of this rare pathology with the analysis of clinical data, autopsy results, histological and immunohistochemical studies.

Three months before her death, a 61-year-old patient developed weakness, dizziness, interruptions in heart function, and episodes of loss of consciousness. History: coronary heart disease, hypertension. Morgagni - Edams - Stokes syndrome was diagnosed and a permanent pacemaker was implanted. After the operation, weakness, periodic heart rhythm disturbances, and frequent episodes of loss of consciousness persisted. The pacemaker was revised and the ventricular electrode was replaced, however, without clinical effect. The patient was urgently admitted to the hospital after another episode of loss of consciousness. The condition upon admission was of moderate severity; there were complaints of weakness, aching pain in the left half of the abdomen and chest, nausea, and vomiting. The ECG showed the rhythm of the pacemaker. Blood tests - without significant deviations. A sharp deterioration in the condition was noted after 3 days: blood pressure decreased, weakness increased, the ECG showed atrial fibrillation, complete block of the right bundle branch. Blood tests revealed slight leukocytosis, multiple increases in ALT, AST, and a 3-fold increase in CPK-MB. The patient died, as expected in the clinic, from acute coronary syndrome. At autopsy, the patient was found to have a hypertrophied heart (600 grams) with dilatation of all sections. In the coronary arteries there is mild atherosclerosis. In the myocardium of the anterior wall of the left ventricle and the interventricular septum, a dense focus of irregular shape, whitish-gray in color, with a transition to the epicardium, was detected. On histological examination, the lesion was represented by interstitial productive inflammation with numerous giant multinucleated cells. In other





internal organs - acute microcirculation disorders, in the liver - chronic hepatitis with minimal histological activity. An immunohistochemical study in cardiomyocytes and giant cells revealed the expression of enterovirus and hepatitis C virus antigens. Expression of the hepatitis C virus antigen was also determined in hepatocytes .

Thus, active focal giant cell myocarditis was morphologically diagnosed, and its viral etiology was immunohistochemically confirmed. The rarity of the disease and the blurred clinical picture made intravital diagnosis of the process difficult; the progressive course of the disease led to the ineffectiveness of permanent cardiac pacing .

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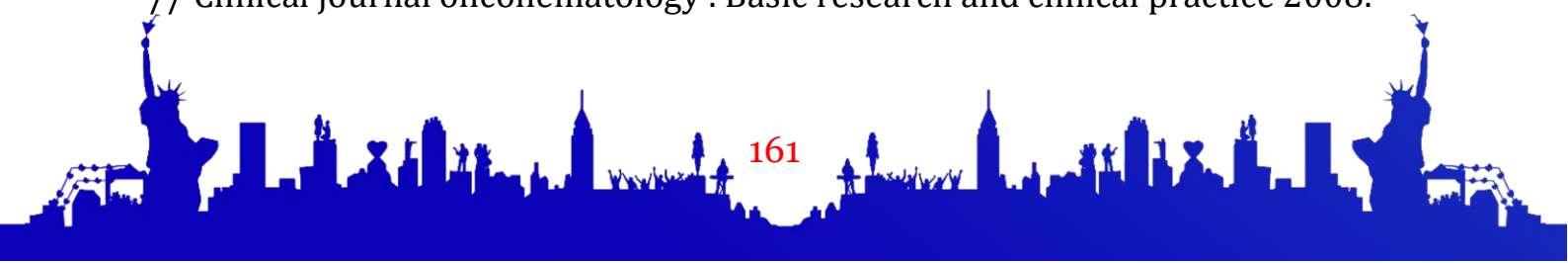
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