Case

* History
  + MS
  + Fatigue
    - Modafinil
  + Treated bipolar
  + Smokes 5 to 10 cigarettes daily
  + Family history of heart disease and lupus
  + Electrocardiograms
    - Normal 2 years before
  + Last two weeks
    - Inflammation of the face and scalp, lesions and rash on her torso, facial swelling
* Admission
  + Facial swelling
  + Fever
  + Hypotension
  + Anxious appearance
  + Heartrate is high
  + Maculopapular facial rash
  + Swelling of the face
    - Left parotid gland
    - Left external auditory canal
    - Bilateral cervical lymphadenopathy (swelling of the glands)
* 90 minutes after admission
  + Administered
    - Meperidine (opioid pain medication)
    - Promethazine (antihistamine
    - Diphenhydramine (antihistamine)
    - Famotidine
  + With the result shortly followed
    - Blood pressure of 70/40 mm HG
    - Temp 38.5
    - ECG showed borderline sinus tachycardia
    - Mild right-axis deviation
    - Administered clindamycin (antibiotic)
    - Prednison (corticosteroids)
    - Diphenhydramine
* 18 hours later
  + Blood pressure 118/70 mm HG
  + Pulse 135 bpm
  + Temperature 38.9
  + Respirations 20 breaths per minute (12 is normal)
  + Appeared ill
  + CT scans showed mass in neck
  + EXG - sinus tachycardia at 120 bpm
  + Administered vancomycin, levofloxacin, clindamycin, stress-dose corticosteroids
* Regular ECG/ 21 hours in Patient
* 21 hours in - Echo results
  + Transthoracic echocardiography revealed
    - Mild left ventricular dysfunction with inferior and septal wall-motion abnormalities
    - Left ventricular ejection fraction of 43%
      * 50%-70% is normal
    - Small pericardial effusion with partial atrial inversion
* 28 hours - what does it mean?
  + BP 149/119 mm HG
  + The drugs aren’t working
* 4 days
  + Olumonary edema
  + No pericardial effusion
* Possible Diagnosis - Infectious Myocarditis
  + There are both viral and bacterial forms
  + ECG often shows declining condition
  + Patient must spontaneously recover or die
    - Due to treatment, it might be viral in which case there is not much they can do in time
* Pssible Diagnosis - Autoimmune Myocarditis
  + Considered because of history
  + Usually mild myocarditis
* Possible Diagnosis - Idiopathic Isolated Giant-Cell Myocarditis
  + Considered but ruled out
    - ST-Elevation is not presenting consistent with diagnosis
    - No giant-cells found in fine-needle
* Possible Diagnosis - Eosinophili Cardiomyopathies