

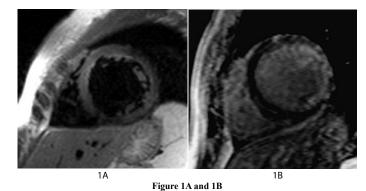
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Lupus myocardıtıs

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The patient, a 35-year-old woman, thought to be possibly due to underlying systemic autoimmune disease. She reported low-grade fever for duration of two weeks which was not associated with any chills. Testing for anti-DNA antibodies and anti-Sm antibodies yielded negative findings, but antiphospholipid antibodies (requires certain criteria) was found positive. She was referred to the department of radiology after these findings because of suspected lupus myocarditis, cardiac magnetic resonance imaging (MRI) was performed to diagnose the cause of fever. On the four chamber T2 weighted image, there was myocardial edema in the anterior and anterolateral wall (Figure 1A). After intravenous gadolinium injection, delayed-enhanced images showed transmural late gadolinium enhancement in the anterior, anterolateral and inferolateral wall of the left ventricle (Figure 1B). Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can affect all organ systems. Involvement of the cardiovascular system is often seen in SLE, most commonly manifested as pericarditis [1]. Myocarditis is uncommon. The gold standard for diagnosis of myocarditis is endomyocardial biopsy (EMB). Because of EMB



contains high mortal complications such as perforation, cardiac MRI may be preferred as a diagnostic method in lupus myocarditis.

References

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