

WS-B23-2

ACUTE MYOCARDITIS IN AIDS: CLINICAL AND HISTOPATHOLOGICAL FINDINGS

S. S. Xavier, T. Cuzzi-Maya, J. M. Chicarino, M. C. Gutierrez, V. G. Veloso, B. G. J. Grinsztejn, Evandro Chagas Hospital, IOC, FIOCRUZ, Rio de Janeiro, Brazil.

In order to access the prevalence, etiology and clinical presentation of the acute myocarditis in AIDS, we review 30 consecutive autopsies in a period of 3 years in our Institution. We analyze the clinical, electrocardiographic (EKG) and echocardiographic (ECO) data of all pts that had a clear histopathological evidence of myocarditis at the autopsy. 10 pts (33%) presented acute myocarditis and 2 were associated with a non specific chronic pericarditis. In 6 pts the etiologic agent could be identified, 4 were histoplasma capsulatum 1 was toxoplasma gondii and 1 was cryptococcus neoformans. Only 2 pts had the diagnosis of myocarditis before death. One of them had a disseminate histoplasmosis with severe clinical and ECO signs of cardiac failure and ST-T abnormalities in the EKG. The other pt suffered from Chagas Disease without cardiac failure and the diagnosis of myocarditis was suspected by EKG abnormalities and mild hypokinesia in the ECO. The other 8 pts did not have any suspicion of cardiac disease. Conclusions: 1. Acute myocarditis is a frequent finding in the autopsy of pts with AIDS. 2. In most cases the myocarditis could not be diagnosed before death by clinical, EKG and ECO data. 3. The most common etiology agent in our series was the histoplasma capsulatum.