Fetal myocarditis is a rare pathology, it can be related with infectious and non-infectious etiology, in most of the cases it leads to an adverse outcome for the fetus. In this case, fetus has showed ultrasound findings of myocarditis with negative markers for the most common infectious pathologies during the fetal life, and interestingly, the reversal of the findings during ultrasound follow-up and complete improvement during the postnatal leading to a satisfactory outcome of the new born. So, we are in front of a rare case of self-limited fetal myocarditis.

Case

A 23-year-old patient with 27 weeks pregnancy who was referred to the maternal fetal unit because of findings during the anomaly scan at 23 weeks. Hyperechogenic cardiac focus in the left ventricle, fetal cardiomegaly (cardiothoracic index of 0.6), generalized thickening of the ventricular walls and interventricular septum with multiple diffuse hyperechogenic punctate images and hepatoenmegaly and hepatic calcifications. (Fig.1) It is considered a patient with an ultrasound diagnosis of fetal myocarditis. The infectious etiological study is started, which is negative for Herpes simplex I, II, toxoplasmosis, rubella, cytomegalovirus, syphilis and HIV. At 33 weeks persistence of the findings with but a decrease of the thickening of the ventricular walls and the interventricular septum (Fig. 2). At 37 weeks resolution of the previously findings is found, but persistence of cardiomegaly (cardiothoracic index 0.6) and hepatic calcifications without hepatomegaly. It is considered myocarditis in secondary resolution to probable perinatal infection (Fig.3).

At 39 weeks a normal delivery with a male new-born was attended, 3060 grams, 51 cm, Apgar 8-9-10, Ballard 40 weeks. A transthoracic echocardiogram was performed on the first day of life, finding patent ductus arteriosus without hemodynamic repercussion, with adequate ventricular function, without thickening or dilation of the ventricular or interventricular septum cavities, without echographic signs of pulmonary hypertension or myocarditis.

References: