

Image in cardiology

Endomyocardial Fibrosis: Cardiac Involvement in an HIV-infected Patient

Fibrosis endomiocárdica: afección cardíaca en un paciente infectado por el VIH

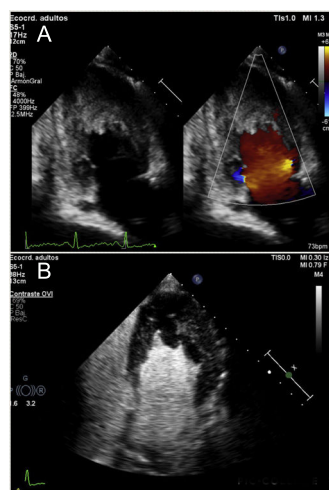
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Figure 1.

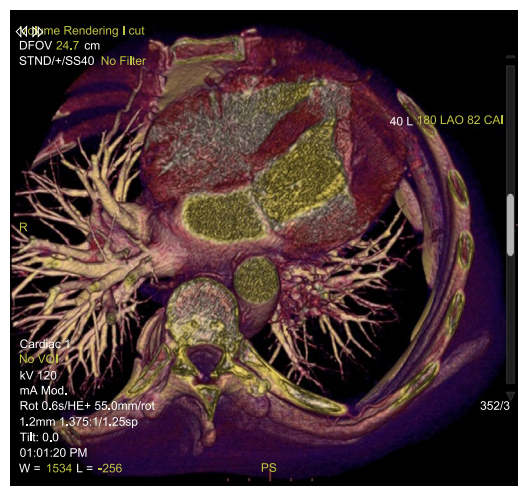


Figure 2.

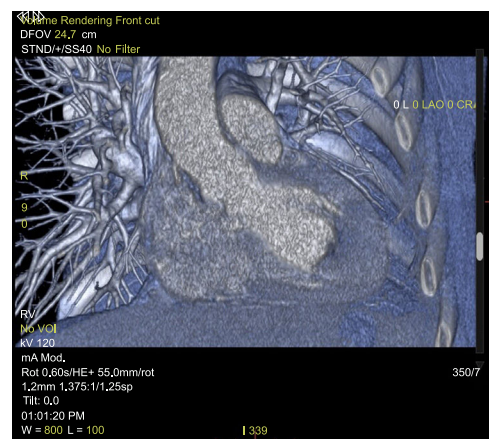


Figure 3.

Endomyocardial fibrosis refers to deposition of fibrous tissue in the endomyocardium and is one of the main causes of restrictive cardiomyopathy. Several causes probably contribute to the inflammatory process responsible for damage to the endomyocardium.

We present the case of a 47-year-old man who was an HIV-infected former parenteral drug user. He had previously undergone study for mild eosinophilia that had normalized after a change in antiretroviral therapy. He was admitted to the clinic for asthenia, dyspnea, and weight loss, and eosinophilia was once again present with a similar severity to before. Transthoracic echocardiography was performed at the request of the internal medicine department after the results of chest computed tomography (CT) were consistent with left ventricular thrombosis. In the 2-dimensional, 2-chamber view in color Doppler mode (Figure 1A) and after administration of contrast (Figure 1B), medioapical endomyocardial infiltration was observed. This infiltration obliterated the medioapical part of the ventricle and endomyocardial plaques. These findings pointed to endomyocardial fibrosis. The study was completed with cardiac CT: Figure 2 shows volumes along the short axis, in which medioapical obliteration of the left ventricle is observed and Figure 3 shows volumes in the coronal view, in which we can see the obliterating mass that is infiltrating the endomyocardium of the left ventricle (Figure 3).

Eosinophilia was not excessively high and improved after treatment with systemic corticosteroids, without observation of echocardiographic correlation. We therefore believe that there may be a causal relationship between HIV infection and associated antiretroviral therapy and endomyocardial fibrosis.

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