

# Think Myocarditis in a Child With Breathing Issues

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SAN FRANCISCO — Acute myocarditis and dilated cardiomyopathy should be in the differential diagnosis of any child who presents with difficulty breathing or respiratory symptoms, according to a poster presentation by Dr. Yamini Durani at the annual meeting of the Pediatric Academic Societies.

In a retrospective study of 49 children

eventually diagnosed with myocarditis or dilated cardiomyopathy (DCM), Dr. Durani, of Thomas Jefferson University, Philadelphia, and colleagues determined that only 20% were suspected of having one of these disorders at the first visit. The most common initial diagnoses by a physician were respiratory illness (29%) and cardiac disease (29%), followed by viral illness (8%) and other illnesses (33%). The most common primary complaints were difficulty breathing (69%), vomiting (43%), upper

respiratory infection (43%), fever (37%), poor feeding (35%), and lethargy (33%).

The investigators acknowledged that respiratory symptoms are extremely common in children, and they don't recommend a cardiac work-up for every child who walks into the office with a cough. They do suggest that physicians keep myocarditis and dilated cardiomyopathy in the differential diagnosis of these children, and that certain subtleties such as hepatomegaly on physical exam or car-

diomegaly on chest x-ray may help distinguish these diagnoses from more common respiratory and viral illnesses.

Tachypnea was the most common finding on physical exam, seen in 59% of the patients. Other abnormal signs included hepatomegaly (47%), respiratory distress (43%), and abnormal lung exams (29%).

The American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics sponsored the meeting. ■

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