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Original Research Paper

General Medicine

MYOPERICARDITIS : AN UNUSUAL INITIAL PRESENTATION OF UCTD

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ABSTRACT Diagnosis of connective tissue diseases is often delayed because the initial symptoms are few and non specific. A new entity called undifferentiated connective tissue disease(UCTD) has been recently described. It is a diagnosis of exclusion. We report the case of a 40yr old female, not a known case of any connective tissue disorder who presented to us with fever, dyspnea and chest pain as initial symptoms and finally diagnosed as myopericarditis secondary to UCTD.

KEYWORDS :

INTRODUCTION

UCTD is a condition where patients have characteristic features suggestive of Autoimmune disorders/connective tissue disease or a positive ANA but not meeting the defined criteria for diagnosis. Despite uncertainty 90% of cases occur in females where the cause is not known exactly. Systemic inflammatory diseases may affect the pericardium, myocardium or coronaries, on rare occasions pericardial effusion and pericarditis may be the initial clue to diagnosis. This case report describes patient of UCTD presenting with myopericarditis and pericardial effusion.

Case Details:

A 40 year old female, hypothyroid presented to the outpatient department with c/o fever since 2 weeks, progressive dyspnoea and chest pain since 1week.

Examination-

revealed B/L basal crepitations with b/l pitting type of edema. JVP is silent. Her blood pressure was 110/70mmhg. A resting tachycardia was present without murmurs, gallops or rub. There was no pulsus paradoxus present. ECG showed pericarditis picture with low voltage complexes. 2DECHO revealed Moderate concentric pericardial effusion with good LV function. Chest radiograph was suggestive of cardiomegaly.

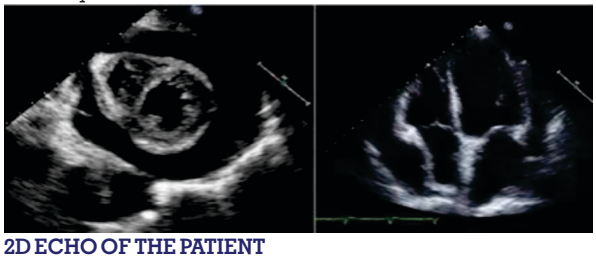
Labs -

complete blood count and comprehensive metabolic panel were within normal limits. BNP levels (316pg/dl) and Cardiac enzymes obtained were elevated. Thyroid profile showed T3-0.75ng/ml, T4-8.3ug/dl, TSH-8.46 mIU/ml.

Pericardiocentesis was not done as 2DECHO showed pericardial effusion <2cm in diastole. Patient was advised ANA profile, which showed **strong positive for Ro-52 and ANA by IF method showed homogenous Nucleolar pattern** and c3 c4 levels were within normal limits. Patient had no signs and symptoms suggestive of any connective tissue disorder and did not meet any criteria. She was therefore diagnosed to have UCTD with myopericarditis and moderate pericardial effusion and started on steroids, T.HCQ 200mg od & Antibiotics. 3 days later she improved symptomatically and discharged under stable condition.

CONCLUSION AND DISCUSSION:

UCTD may evolve into a defined CTD in 20-40% of patients, while 50-60% remain undifferentiated. Pericardial disorders can occur in various connective tissue disorders. If pericardial effusion is suspected clinically, an echogram should be performed and followed up serially. As myopericarditis and pericardial effusion was the initial presentation early initiation of steroids improved the patient condition. So, timely recognition and early steroids should be initiated to prevent mortality associated with this condition.



2D ECHO OF THE PATIENT

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