APSC TAIPEI 2026

30TH ASIAN PACIFIC SOCIETY OF CARDIOLOGY CONGRESS

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MEDIC

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Acute Myocarditis with Ring-Like Late Gadolinium Enhancement: A Case of Suspected Genetic Cardiomyopathy

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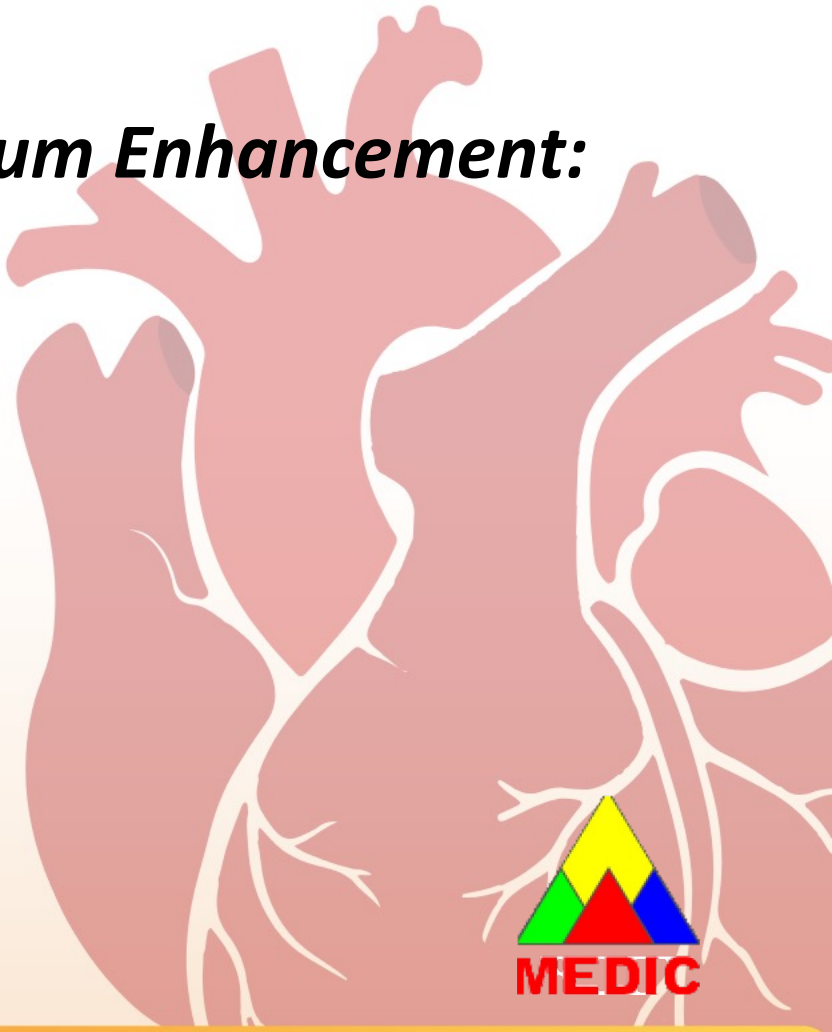
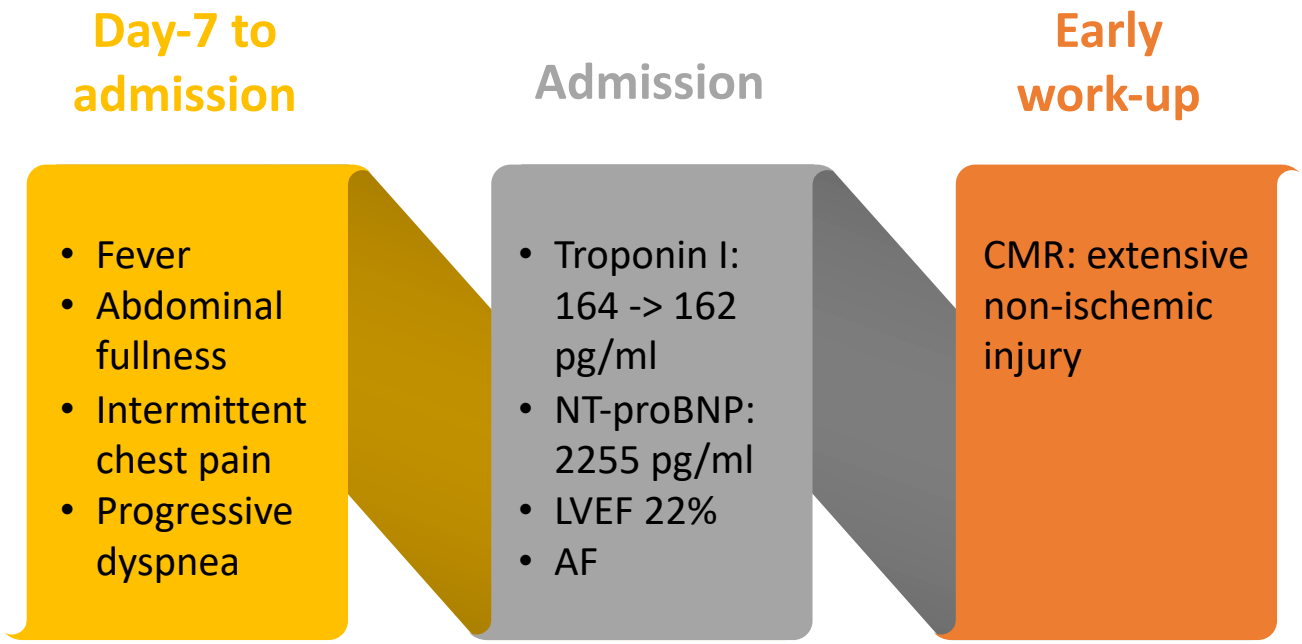


MEDIC

CLINICAL TIMELINE

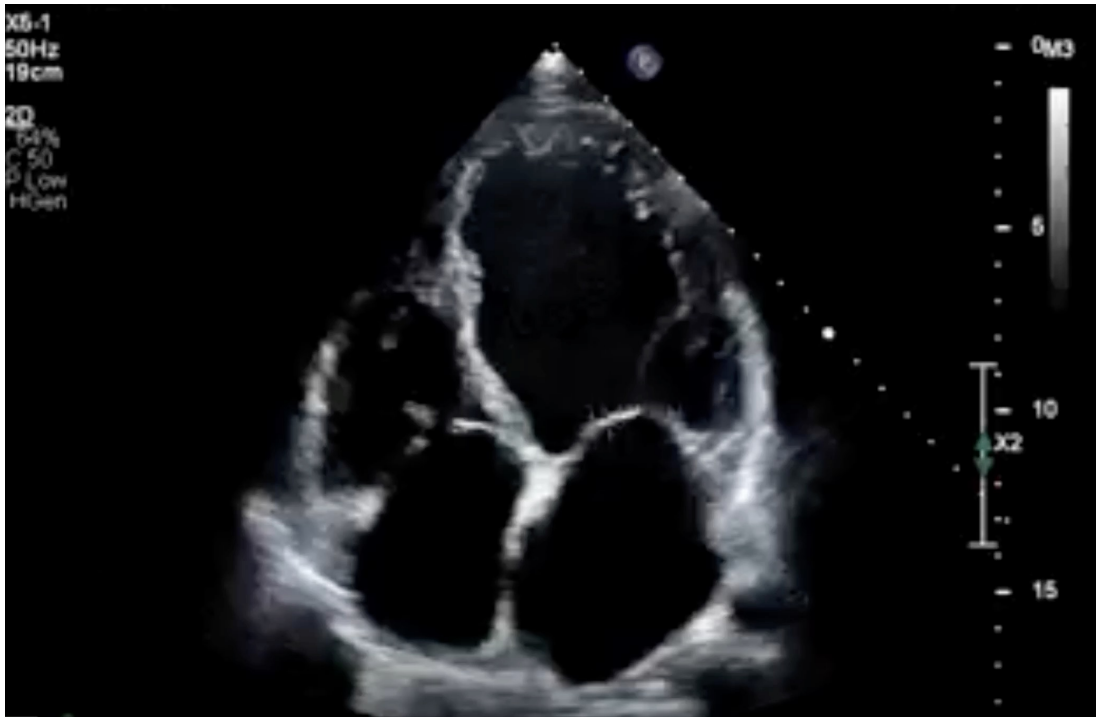
A 28 year-old man. No prior cardiac history



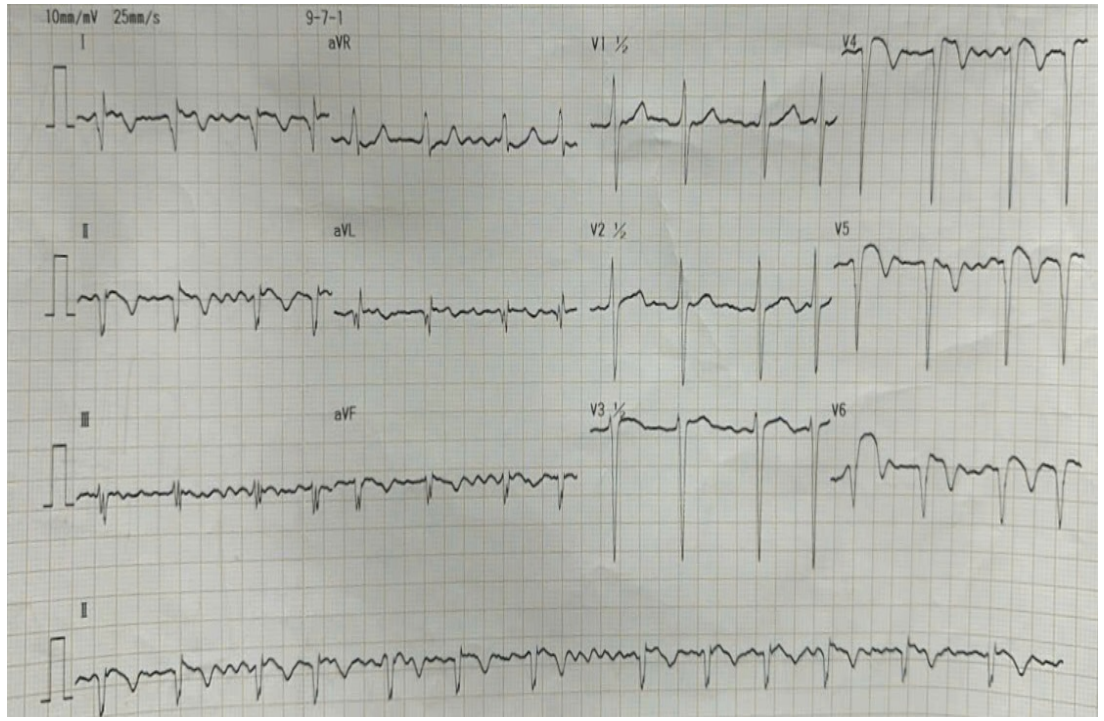
At first, everything fit acute myocarditis

- Fever
- Chest pain
- Troponin elevation
- New-onset heart failure

But the ventricle was already too sick

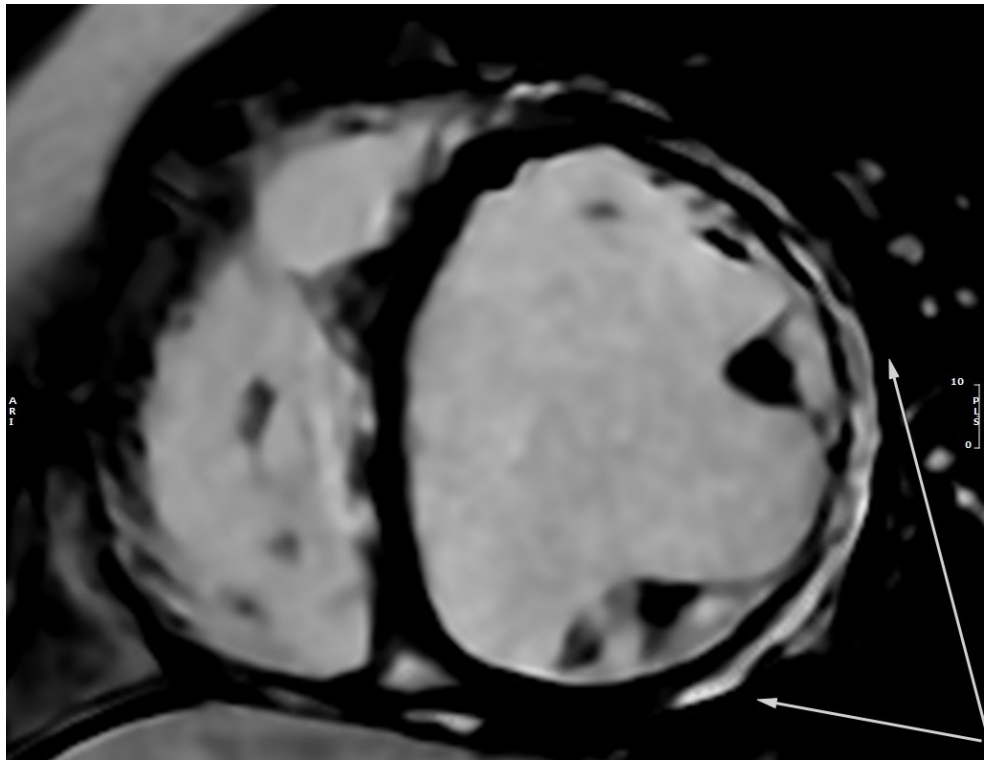


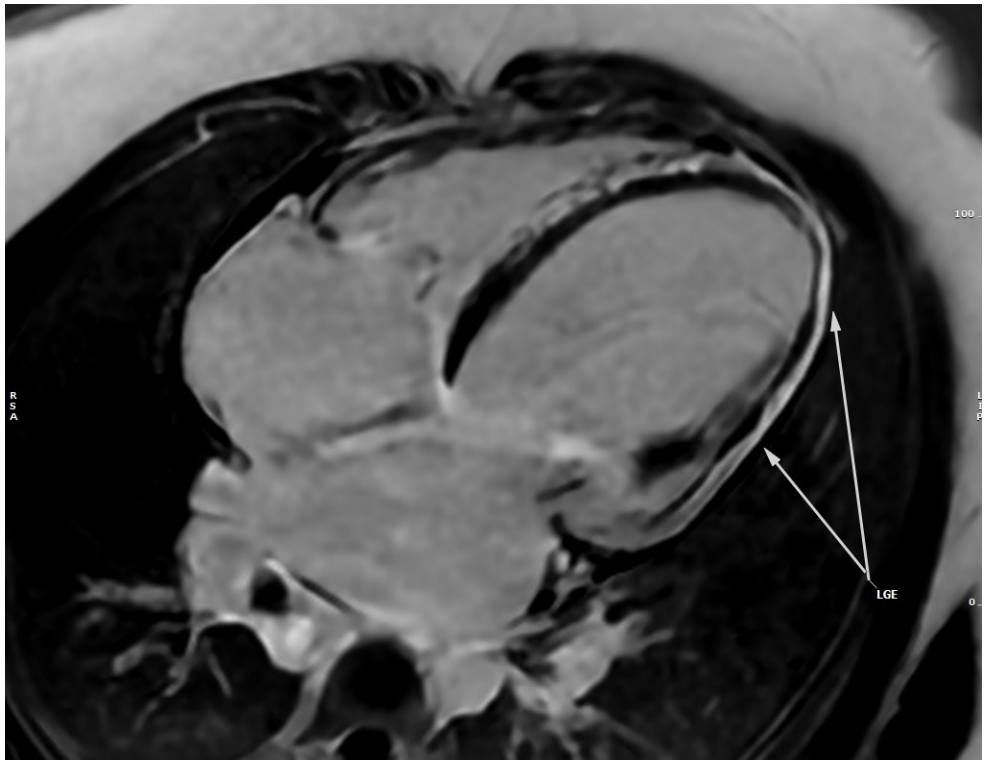
LV dilation and LVEF 22%

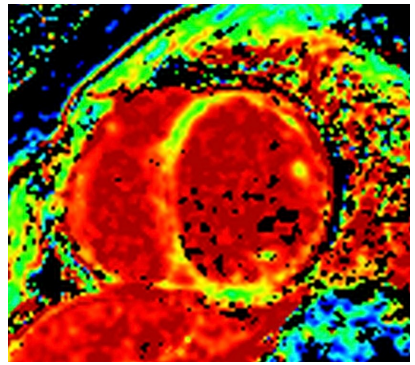


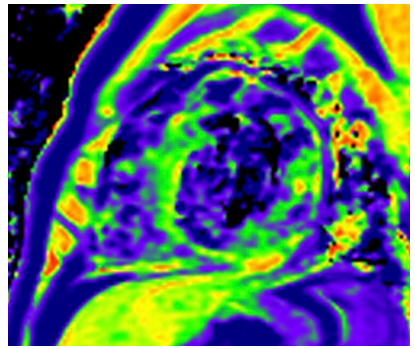
AF with controlled ventricular response

CMR made myocarditis alone uncomfortable









- **Ring-like non-ischemic LGE.** The total LGE mass was **21** g, corresponding to approximately **21**% of the left ventricular mass.

→ ***Suspected genetic cardiomyopathy***

- **ECV 46%**
- **Native T1 elevated: 1160ms** (Native T1 base: 1000ms)
- **T2 mapping elevated: 63ms** (T2 mapping base: 58ms)

What still fit — and what did not

Fit myocarditis

- Fever
- Chest pain
- Troponin rise
- Inflammatory CMR features

Did not fit

- EF 22%
- LV dilation
- Persistent AF
- Disproportionate fibrosis

Symptoms improved, but the substrate did not

- Chest pain improved
- Dyspnea improved
- EF did not significantly recover
- Holter ECG:
  - Atrial fibrillation throughout the entire recording period, with a ventricular response ranging from **35 to 128 bpm**, average **66 bpm**.
  - Atrial fibrillation with rapid ventricular response (>100 bpm) accounted for **<1%**; atrial fibrillation with slow ventricular response (<50 bpm) accounted for **5%**.

Why think of genetic DCM?

- Young patient
- Severe non-ischemic cardiomyopathy with ring-like LGE
- Persistent arrhythmia
- Incomplete recovery

The final clue: NGS result

- **Gene:** DMD
- **Variant:** NM_004006.3:c.31+1G>T
- **Zygosity:** Hemizygous
- **Type:** Canonical splice-site variant
- **Classification:** Pathogenic
- **Associated phenotypes:** DCM 3B / dystrophinopathy spectrum

Why this changed management

- Long-term HF follow-up
- Rhythm surveillance
- Maternal / family evaluation
- Cascade screening after confirmation

Learning point

- Do not stop at “myocarditis”
- Ring-like scar + poor recovery should trigger re-evaluation
- CMR did not end the diagnosis — it redirected it