Features of Myocarditis in Infants With Human Parechovirus Infection

To the Editor—A recent report summarized clinical and laboratory features of human parechovirus (HPeV) genotype 3 infection in infants. The authors noted sepsis-like features with tachycardia in some patients, disproportionately elevated to the body temperature in 97.5% of patients, with cardiovascular compromise requiring fluid boluses in 63% and inotrope requirements in two patients [1]. Thirty-two percent had elevated amino-transferase levels. The authors did not take into account that the cardiovascular compromise detected in the majority of patients and elevated alanine aminotransferase levels may have been due to myocarditis. Direct evidence for myocarditis caused by HPeV infection is provided by 3 case reports: A recent one documented cardiovascular failure and dilated cardiomyopathy associated with HPeV infection [2], another described a 14-month-old infant who died of myocarditis with HPeV cultured from the myocardium and pericardial fluid [3], and another described a 6-week-old boy with clinical and electrocardiographic evidence of myocarditis and HPeV isolated from stool cultures [4]. The elevation of alanine aminotransferase may have been myocardial in origin. It is important to recognize myocarditis because of its risk of fatal arrhythmias and the opportunity to provide supportive treatment with inotropes such as milrinone and dobutamine and with diuretics [3]. An aid to recognition of myocarditis could be a 3-tiered classification: increase in serum troponin concentration in the absence of another cause, electrocardiographic changes suggestive of acute myocardial injury, or abnormal function on echocardiography or cardiac magnetic resonance imaging [2].

Note

Potential conflict of interest. Author certifies no potential conflicts of interest.

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