

Myocarditis can attack hearts without warning

November 12 2010

James "Jimmy" Armstrong hadn't missed a "Mac" in 28 years. At 44, he's one of the youngest "goats" in the Chicago Yacht Club. Sailors receive the designation of "goat" once they've completed 20 or more "Macs", the 333-mile boat race from Chicago to Mackinac, Mich. Armstrong has sailed the race every year since he was 16. But, he wasn't among the sailors this past July. Instead, he was in intensive care awaiting heart transplant following a harrowing experience spurred by severe case of myocarditis—a little-known condition causing inflammation of the heart muscle.

"I don't remember much of what happened to me. A lot of it is a blur," said Armstrong, a local business owner and father of three young daughters. "I was thinking I had a bad cold or even food poisoning, and then suddenly my health spiraled out of control."

Armstrong had no prior history of heart problems. However, persistent bouts of dizziness and nausea sent him into the emergency room of his suburban hospital June 6. Cardiac imaging confirmed Armstrong had acute myocarditis. While not always life-threatening, in many cases it can lead to heart failure or sudden cardiac death. Physicians believe it is caused by either a viral, bacterial, or fungal infection; drug or chemical poisoning; or connective tissue diseases, such as lupus or rheumatoid arthritis.

According to Northwestern Medicine Cardiologist William Cotts, MD, patients can often have fever, aches and severe fatigue similar to cold or

flu-like symptoms. This can sometimes correct with no lasting damage. But in severe cases like Armstrong's there's often the presence of an irregular heartbeat and trouble breathing—and symptoms usually present once the patient is already in heart failure.

This was the case with Armstrong. When he was referred to Northwestern Medicine's cardiac specialists at the Bluhm Cardiovascular Institute, the myocarditis had so aggressively deteriorated his heart function that full support—in effect an artificial-heart-like device—was his only hope.

Edwin C. McGee, Jr. MD, surgical director for the Bluhm Institute's [heart transplant](#) and assist device program was Armstrong's cardiac surgeon. Although Armstrong ultimately required heart transplant, in July he received life-saving intervention where two HeartWare® ventricular assist devices (VAD) were implanted onto both ventricles of his heart as a "bridge to transplant", sustaining heart function until a heart became available. This was the first time anywhere in North America—and to date the only—instance of using the small VADs in a biventricular configuration—two VADs instead of one—implanted on a single heart. This particular device is one of the smallest, full-support experimental VADs currently available for study in humans in the U.S.

This past Oct. 15, Armstrong received a heart transplant. The American Heart Association estimates that an average of 300,000 people die every year from heart failure; 10,000 of them qualify for heart transplant, but only 2000 cardiac transplants occur in the US each year due to lack of organs. Assist devices such as what Armstrong received are becoming an increasingly important therapy to help individuals with advanced heart failure.

"I may never know why or how I contracted the myocarditis that destroyed my [heart](#)," Armstrong said. "But I know I wouldn't be here if

Northwestern's team hadn't acted as fast as they did to save my life."

Provided by Northwestern Memorial Hospital

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