A 58-year-old African-American woman with long-standing asthma presented with a 1 month history of severe dyspnea on exertion, orthopnea, and weight loss. One week before hospitalization, she could only sleep sitting in a chair. She was found to have 50% eosinophils on peripheral blood smear without bone marrow malignancy. Cardiac enzymes were elevated. Electrocardiography revealed low-voltage QRS complexes without ST or T wave changes. Chest radiograph showed bilateral pleural effusions. Echocardiography documented a restrictive filling pattern with normal systolic function and a pericardial effusion. A pericardial window was performed through a left anterior thoracotomy, and 400 mL of bloody pericardial fluid was withdrawn. Pericardial biopsy (Figure 1) and myocardial biopsy (Figure 2) confirmed the diagnosis of eosinophilic pericarditis and eosinophilic myocarditis. These are features of Loeffler’s fibroplastic parietal endocarditis, which can lead to endomyocardial fibrosis and restrictive cardiomyopathy.

Figure 1. Pericardium: eosinophilic infiltrates and chronic inflammation (HE ×200).

Figure 2. Myocardium: myocardial eosinophilic infiltrates with fibrosis and myocyte degeneration (HE ×200).
Eosinophilic Pericarditis and Myocarditis

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