A 48-year-old man with type 1 diabetes mellitus was admitted to our hospital with diabetic ketoacidosis precipitated by a persistent 7-day febrile illness related to a viral upper respiratory infection. Two days after admission he had an episode of chest pain with a rise of troponin I up to 29 ng/mL but no ECG changes. Coronary angiography demonstrated minor plaque but no flow-limiting disease. Left ventriculography showed severe hypokinesis of basal and mid segments but preserved contractility of apical segments, consistent with a pattern of inverted Takotsubo cardiomyopathy (Figure 1A and 1D and online-only Data Supplement Movie I). The patient was then referred for cardiovascular magnetic resonance (CMR) imaging to determine the underlying cause of left ventricular impairment. Cine CMR imaging confirmed left ventricular wall motion abnormalities affecting the basal and mid segments, sparing the apical segments (Figure 1B and 1E and online-only Data Supplement Movie II). Overall left ventricular systolic function was severely impaired (ejection fraction 31%). On T2-weighted edema-sensitive images, the basal and mid segments of the left ventricle showed diffuse significant increase in signal intensity compared to skeletal muscle (Figure 2A and 2B), which was consistent with acute myocardial edema. On late gadolinium imaging, there was patchy midwall hyperenhancement limited to the basal inferior and lateral wall and the septum (Figure 2C and 2D), typical of viral myocarditis. A follow-up CMR scan at 1 month showed complete restoration of global ventricular function (ejection fraction 65%) and no regional wall motion abnormalities (Figure 1C and 1F and online-only Data Supplement Movie III). There was significant regression of myocardial edema as shown on T2-weighted images (Figure 2E and 2F), although the areas of enhancement on late gadolinium imaging persisted (Figure 2G and 2H). To the best of our knowledge, this is the first...
case of acute myocarditis presenting with regional wall motion abnormalities mimicking a pattern of inverted Takotsubo cardiomyopathy. Our case illustrates the usefulness of multiparametric tissue characterization with CMR imaging in distinguishing the variety of potential etiologies in patients with chest pain, troponin rise, and normal coronary arteries, who frequently represent a diagnostic challenge.

Acknowledgments
The authors wish to acknowledge support from NIHR Oxford Biomedical Research Centre Programme. The authors would like to thank Dr S.K. Piechnik for the access to the newly developed cardiovascular MR image processing software suite MC_ROI.

Sources of Funding
Dr Ferreira is funded by the Alberta Heritage Foundation for Medical Research (AHFMR) and the University of Oxford Clarendon Fund Scholarship. Dr Neubauer also acknowledges support from the British Heart Foundation Centre of Research Excellence, Oxford.

Disclosures
None.
Acute Myocarditis Mimicking Reverse Takotsubo Cardiomyopathy
Theodoros D. Karamitsos, Sacha Bull, Vanessa Ferreira, Nicholas J. Alp and Stefan Neubauer

Circulation. 2011;123:226-227
doi: 10.1161/CIRCULATIONAHA.110.967794
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2011 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://circ.ahajournals.org/content/123/2/226

An erratum has been published regarding this article. Please see the attached page for:
/content/124/12/e335.full.pdf

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org/subscriptions/
In the article by Karamitsos et al, “Acute Myocarditis Mimicking Reverse Takotsubo Cardiomyopathy,” which appeared in the January 18, 2011 issue of the journal (Circulation. 2011;123:226–227), the Acknowledgement and Sources of Funding sections should have read:

**Acknowledgments**
The authors wish to acknowledge support from NIHR Oxford Biomedical Research Centre Programme. The authors would like to thank Dr S.K. Piechnik for the access to the newly developed cardiovascular MR image processing software suite MC_ROI.

**Sources of Funding**
Dr Ferreira is funded by the Alberta Heritage Foundation for Medical Research (AHFMR) and the University of Oxford Clarendon Fund Scholarship. Dr Neubauer also acknowledges support from the British Heart Foundation Centre of Research Excellence, Oxford.

The online version of the article has been corrected. The authors regret the error.

DOI: 10.1161/CIR.0b013e3182323c3e