



PD004

Paediatric Cardiology & Congenital Heart Disease • Poster Presentation

DIPHThERIA-ASSOCIATED MYOCARDITIS AND DILATED CARDIOMYOPATHY IN AN 8-YEAR-OLD FEMALE: A CASE REPORT

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Background: Dilated cardiomyopathy (DCM) is an important cause of heart failure in children and may occur as a late complication of infectious myocarditis. Early diagnosis and appropriate management are essential to improve outcomes.

Case Presentation: An 8-year-old girl presented with a 3-month history of generalised body swelling and a 3-week history of cough. Eight months earlier, she had fever, sore throat, odynophagia and neck swelling, for which she was managed as diphtheria. Following recovery, she developed progressive generalised oedema, orthopnoea and reduced urine output. Evaluation at a private hospital revealed cardiomegaly on chest radiograph and dilated cardiomyopathy on echocardiography, prompting referral. On admission, examination showed generalised oedema, hepatomegaly and features of congestive cardiac failure. She was managed with diuretics, angiotensin-converting enzyme inhibitors, digoxin, electrolyte correction and supportive care. She demonstrated progressive clinical improvement, with resolution of oedema and improvement in functional status from New York Heart Association (NYHA) class II to class I. Repeat echocardiography, however, revealed persistent biventricular systolic dysfunction with an ejection fraction of 27%. She was discharged in stable condition for continued cardiology follow-up.

Conclusion: This case highlights dilated cardiomyopathy as a serious delayed complication of diphtheria-associated myocarditis and underscores the importance of early recognition, prompt heart failure management, and long-term cardiac follow-up in affected children.

Keywords: Diphtheria, Myocarditis, Dilated cardiomyopathy, Heart failure, Echocardiography