

## CASE DEFINITIONS FOR MYOCARDITIS AND PERICARDITIS

### Myocarditis

- **Suspected:** In the absence of any other cause, the presence of dyspnea, palpitations, or chest pain of probable cardiac origin in a patient with either one of the following:
  - Electrocardiographic (ECG) abnormalities beyond normal variants, not documented previously, including: ST-segment or T-wave abnormalities; paroxysmal or sustained atrial or ventricular arrhythmias; AV nodal conduction delays or intraventricular conduction defects; or continuous ambulatory electrocardiographic monitoring that detects frequent atrial or ventricular ectopy; or
  - Evidence of focal or diffuse depressed left-ventricular (LV) function of indeterminate age identified by an imaging study (e.g. echocardiography or radionuclide ventriculography).
- **Probable:** In addition to the symptoms or finding for suspected case and in the absence of evidence of any other likely cause of symptoms, has one of the following:
  - Elevated cardiac enzymes, specifically, abnormal levels of cardiac troponin I, troponin T, or creatine kinase myocardial band (a troponin test is preferred);
  - Evidence of focal or diffuse depressed LV function identified by an imaging study (e.g., echocardiography or radionuclide ventriculography) that is documented to be of new onset or of increased degree of severity (in the absence of a previous study, findings of depressed LV function are considered of new onset if, on follow-up studies, these findings resolve, improve, or worsen); or
  - Abnormal result of cardiac radionuclide imaging (e.g., cardiac MRI with gadolinium or gallium-67 imaging) indicating myocardial inflammation.
- **Confirmed:** Histopathologic evidence of myocardial inflammation is found at endomyocardial biopsy or autopsy.

### Pericarditis

- **Suspected:** Presence of typical pericarditic chest pain (i.e., pain made worse by lying down and relieved by sitting up and/or leaning forward) and no evidence of any other likely cause of such chest pain.
- **Probable:** A suspected case of pericarditis, or a case in a person with pleuritic or other chest pain not characteristic of any other disease, that, in addition, has one or more of the following:
  - Pericardial rub, an auscultatory sign with one to three components per beat,
  - ECG with diffuse ST-segment elevations or PR depressions without reciprocal ST depressions that are not previously documented, or
  - ECG indicating the presence of an abnormal collection of pericardial effusion or a large posterior pericardial effusion alone).
- **Confirmed:** Histopathologic evidence of pericardial inflammation is evident from pericardial tissue obtained at surgery or autopsy.

### Subclinical Myopericarditis

The presence of an elevated troponin I (above the upper limit of normal) and/or ECG abnormalities beyond normal variants including: ST-segment or T-wave abnormalities, paroxysmal or sustained atrial or ventricular arrhythmias, AV nodal conduction delays or intraventricular conduction defects (not previously documented) in an asymptomatic patient, or continuous ambulatory electrocardiographic monitoring that detects frequent atrial or ventricular ectopy.