**PERI-MYOCARDITIS IN A PATIENT WITH COINFECTION OF *MYCOPLASMA* AND *COXSAKIE B* LEADING TO DILATED CARDIOMYOPATHY**

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Peri-myocarditis indicates involvement of both the pericardium and myocardium. It can present in many ways, ranging from asymptomatic to life threatening cardiac arrhythmias. The most common infectious cause for myocarditis is viral, specifically *Coxackie B*. Although less common*, mycoplasma* is known to affect the myocardium. A 21 year old male presented to the ER from his pediatrician’s office with a complaint of shortness of breath and abnormal CXR. An EKG revealed atrial fibrillation with RVR. Relevant laboratory work up included WBC of 15,000 wbc/μL and Pro BNP of 3765 pg/mL. An echocardiogram showed a markedly dilated left ventricle with a severely reduced systolic function. EF was estimated at 25 %. Additionally, the right ventricle was markedly dilated with reduced systolic function and there was a small pericardial effusion. The patient was treated with colchicine for peri-myocarditis and Lisinopril, Furosemide and Spironolactone added for heart failure. He was started on Enoxaparin for the new onset atrial fibrillation in anticipation of cardioversion. Further work up resulted in a positive *Mycoplasma* IgM and a viral panel positive for *Coxackie B 5 and 6*. After a trans-esophageal echocardiogram showed no evidence of any intracardial thrombus, the cardiology team proceeded with a cardioversion and sinus rhythm was restored. The patient was discharged with a wearable external defibrillator considering risk of fatal arrhythmia with the low ejection fraction. After 3 months, with no improvement in function, the patient received an implantable defibrillator. The patient has been recommended for heart transplant.Since 1967, Coxsakie B has been frequently identified as one of the leading causes of acute myocarditis specifically with persistence of viral detection, which may lead to progressive cardiac dysfunction. In regards of mycoplasma, a study showed a 4.5 % incidence of myocarditis, which often leads to serious sequelae. However, a newer series suggested less frequent long term cardiac sequelae. This case raises the question whether co-infection with these two agents results in higher possibility of developing peri-myocarditis, and worsen the chance of recovery of heart function.