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*Topic:* **ATHLETE CARE AND CLINICAL MEDICINE**

**Title**

A CASE REPORT OF ACUTE MIO-PERICARDITIS MIMICKING A STEMI IN ÈLITE CYCLIST: PITFALLS IN DIAGNOSIS AND TREATMENT

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**Body**

An emerging and fascinating aspect of sports medicine and cardiology are the diseases, which were widely reported in the literature, such as myocarditis and / or myopericarditis simulating acute myocardial infarction in particular, has created large implications of medical, psychological and prognosis in relation to the sports careers of elite athletes competitive. This case report describes and documents the clinical and instrumental procedures evolved a cyclist (MTB) of 58 years once again the importance of differential diagnosis in patients presenting with signs and symptoms of suspected or probable AMI in the absence of significant atherosclerotic disease of the vessels coronary, especially if athletes or individuals at a young age, with no particular cardiovascular risk factors and with a history suggestive of recent flu-like illness. No coincidence that the literature contains numerous reports of cases of people affected by myo(per) carditis acute, which is able to simulate a clinically-based myocardial ischemic necrosis, and is widely known as the clinical presentation of myocarditis is quite variable. This case emphasizes the usefulness of magnetic resonance to distinguish heart and then confirm with some certainty the diagnosis of acute myocarditis in patients with symptoms, signs, biochemical, electrocardiographic and echocardiographic also suggestive of an acute myocardial infarction in the absence of coronary artery disease angiographically documented significant. The recommendations include some key aspects of the use of magnetic resonance imaging These recommendations then promote the MRI as the most reliable and non invasive diagnostic tool for multifocal myocarditis overcoming the endomyocardial biopsy which effective alternative.