

oral steroid (1 mg/kg/day). The next day, a cardiac biopsy was performed and perivascular eosinophilic infiltration was observed. With the steroid pulse therapy, the eosinophil count was normalized and her symptom was improved. The cause of eosinophilic myocarditis was idiopathic hypereosinophilic syndrome. #2. A 53-year-old female visited complaining of chest pain. The value of Troponin I and NT-proBNP were elevated. An EKG revealed T wave inversion in the anterolateral leads. We suspected acute coronary syndrome, but coronary angiography was normal. The EchoCG showed preserved LV systolic function. The diagnosis of myocarditis was made. The next day, she still complained chest discomfort with fever. The EchoCG showed moderate LV systolic dysfunction with pericardial effusion. After 5 days, Blood tests revealed an elevated eosinophil and we performed cardiac biopsy. Biopsy showed perivascular eosinophilic infiltration. The patient was started on oral steroid (1 mg/kg/day) and anthelmintics, albendazole. After 4 days, anti-IgG to *Toxocara canis* was positive. After Two weeks, the cardiac function was normalized.

Conclusion: If eosinophilic myocarditis is suspected, a biopsy and early steroid administration is need.

Figure 1

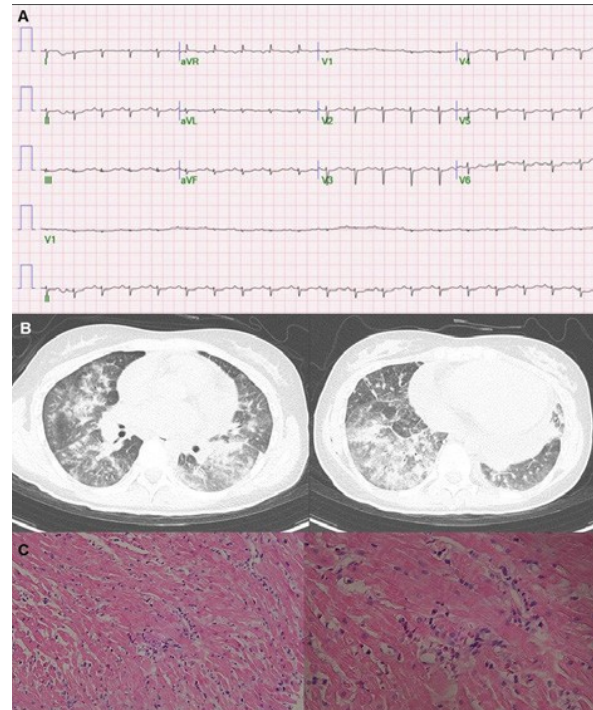
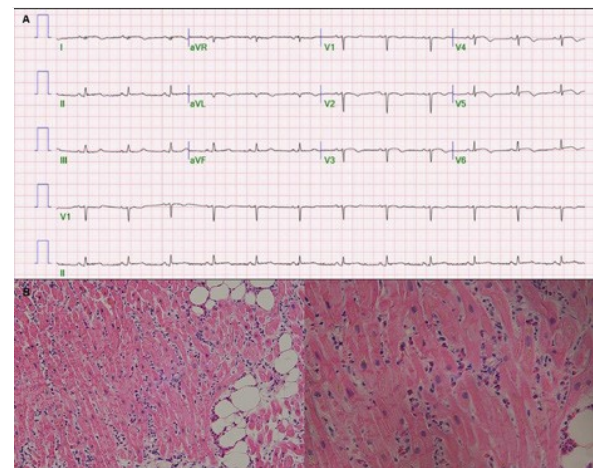


Figure 2



Cardiology

eP-019

Recurrent vomiting as a manifestation in a pediatric case of supravalar mitral ring: A case report

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Introduction: Supravalvar mitral ring is an abnormal fibrous shelflike membrane that covers and obstructs the mitral valve inflow and causes elevation of left atrial pressure that lead to increasing venous capillary and pulmonary artery pressure.

Case Presentation: A 9- month- old girl admitted with recurrent vomiting. She had dyspnea, cyanosis, hepatomegaly and holosystolic murmur on physical examination. Chest x-ray showed cardiomegaly. On echocardiography had a supravalvar mitral ring that narrowed the entrance to the mitral valve (Figure1) and subsequenced pulmonary hypertension led to enlargement of right cardiac chambers and severe tricuspid valve regurgitation (Figure 2). After surgical resection of the ring, the clinical signs improved.

Conclusion: Supravalvar mitral ring is a rare condition and often obstructs mitral valve inflow. Elevated pressure in the pulmonary arteries and right heart chambers leads to liver abnormalities, abdominal pain and nausea with vomiting.

Figure 1



Figure 1: Echocardiographic apical four chamber view demonstrating supravalvar mitral ring, enlarged right ventricle and atrium.

Figure 2

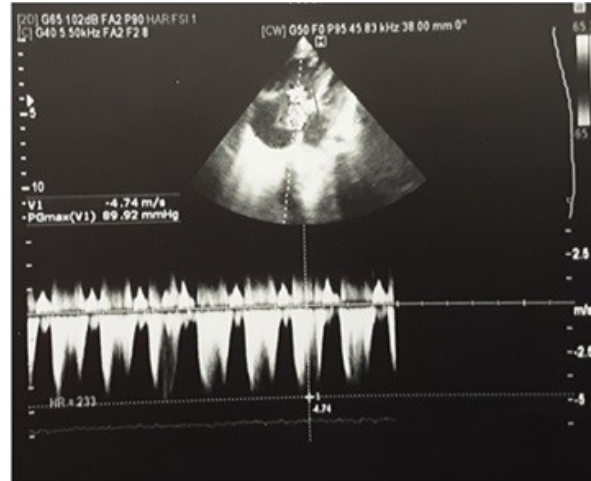


Figure 2: Spectral Doppler echocardiography across the tricuspid valve demonstrating severe tricuspid regurgitation

Cardiology

eP-021

Left ventricular unloading in cardiogenic shock patients treated with venoarterial extracorporeal membrane oxygenation: A single-center cohort study running title: Influence of LV unloading in VA-ECMO

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Background: The effect of left ventricular (LV) unloading in cardiogenic shock (CS) treated with venoarterial extracorporeal membrane oxygenation (VA-ECMO) is conflicting.

Methods: Between January 2011 and June 2020, we evaluated 133 CS patients who received VA-ECMO in a single-center. The primary outcome was in-hospital mortality within 60 days after ECMO implantation.