

Abstract

Acute presentation of heart failure with myopericarditis and dilated cardiomyopathy in a young, female without clinical risk factors is a diagnostic challenge. Even though cardiac involvement is a widely recognized aspect of SLE, it is rarely described that heart failure presents as an initial manifestation of the disease, especially without other classical stigmata of SLE. Here, we describe the case of a 23-year-old female who presented with heart failure symptoms for two-week duration, which was confirmed by echocardiogram (moderate biventricular dysfunction, a small pericardial effusion most likely myopericarditis, and dilated cardiomyopathy with an ejection fraction of 45%) and who was later diagnosed to have SLE. On workup, detected nephrotic range proteinuria with microscopic hematuria and was diagnosed with class IV lupus nephritis by renal biopsy. The immunological criteria were fulfilled, as ANA(speckled pattern) and DsDNA were positive with low levels of complements. She responded well to immunosuppressive therapy, and during the subsequent assessment after 4 weeks, her heart failure symptoms completely resolved, with an improvement in ejection fraction to 60%.