

Abstract

We report a case of a 24-year-old, previously healthy, and active young man who presented with acute pulmonary edema due to severe biventricular dysfunction. A 2D echocardiogram done on arrival showed severe dilated cardiomyopathy. He was treated at the emergency treatment unit and the coronary care unit successfully. Follow-up assessments of his clinical, biochemical, and imaging parameters showed improvement. Despite a thorough evaluation, we couldn't find a definitive cause for the dilated cardiomyopathy in this young man. However, further evaluation revealed that, till the current admission, he has been taking anabolic steroids on a weekly basis for almost 5 years. So we wanted to further evaluate his LV dysfunction in regard to his anabolic steroid misuse. We have highlighted the mechanisms involved in the cardiotoxicity of AAS abuse, the pathological aspects, and the clinical consequences, and it reminds us to consider AAS abuse as a probable reason for dilated cardiomyopathy.