

Abstract

Leptospirosis is a zoonotic disease mainly seen in tropical countries and can have multi-system involvement such as acute renal failure, pulmonary haemorrhage, haematological abnormalities, meningoencephalitis, ophthalmic complications, hepatic impairment and myopericarditis. Myocarditis is not common to occur and it can have variable presentation and a spectrum of severity. It commonly presents as arrhythmias but rarely can cause ST segment changes and can mimic acute coronary syndrome. We present a case of a 78y old patient presenting with fever, arthralgia, myalgia and headache and diagnosed to have leptospirosis, developing ischaemic type chest pain with inferior and lateral ST segment elevation in ECG. 2D echocardiogram showed only mild regional wall motion abnormalities with normal ventricular function. However, he was not treated as acute coronary event due to thrombocytopenia. This case report highlights the diagnostic dilemma between myocarditis and myocardial infarction and subsequent treatment difficulty.