Abstract: P865

Ecstasy use an unusual cause of dilated cardiomyopathy a case report

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Background
3,4-methylenedioxymethamphetamine is a stimulant used illegally around the world, including Morocco. Cardiomyopathy and heart failure may occur following chronic MDMA use and may cause many other acute cardiac complications.

Case report
A 30-year-old man, with a history of MDMA use, 2 tablets/week since 2 months, and 6 tablets the week before admission, presented with severe dyspnea at rest. The first evaluation shows a sinus tachycardia with tachypnea and signs of global heart failure, loud systolic murmur heard over the apex and crackles at the base of the lungs were observed.

The blood tests performed, including erythrocyte sedimentation rate, blood picture, liver function and kidney function tests, protein, iron, phosphocalcic balance, glucose, and thyroid hormones, were within normal range. Moreover, immunological assays [immunoglobulin M (IgM) and immunoglobulin G (IgG) anti-Epstein–Barr virus] and toxoplasmosis were negative. Cytomegalovirus IgM was also absent, and IgG titer value was also absent.

Electrocardiogram (ECG) tracing showed a complete left bundle branch block (LBBB) with a regular sinus rhythm (100 bpm). Transthoracic echocardiography showed dilated cardiomyopathy with severe systolic dysfunction (12% by Simpson’s method) (Fig. 1).

Additional evaluation in the hospital excluded other etiologies of the cardiomyopathy. Thus, his condition was referred to the MDMA use.

The patient now is a heart transplant candidate.

Conclusion
There are several reports that show an increase in frequency of MDMA use, suggesting that cardiomyopathy and acute heart failure secondary to the Ecstasy use may be a new medical concern. Thus, proper history of illicit drug intake is crucial in the diagnosis of unexplained cardiomyopathies.