

## Introduction

Tuberculosis is a rare cause of myocarditis. It is, however, associated with a high mortality when it occurs and is often diagnosed at post-mortem. Although case reports have been documented, comprehensive reviews compiling the patterns and clinical manifestations of tuberculous myocarditis are lacking.

## Objectives

The low incidence, late diagnosis, and under-reporting of tuberculous myocarditis have with time created a knowledge gap among health care workers. This review therefore seeks to restore awareness among the practitioners, to promote a high index of suspicion for early diagnosis, and thereby timely management of TB myocarditis.

## Methods

A Pubmed search using the key words: “Tuberculous myocarditis” or “Tuberculosis myocarditis” and limited to the time frame between 2000 and 2013, was conducted. Out of 136 articles retrieved, 23 case reports were found to be highly relevant to the review. There was no geographical focus in consideration of the case reports selected.

## Results

Most of the reported cases of tuberculous myocarditis were predominantly in immunocompetent patients. Out of the reported fatalities (sudden cardiac deaths), eighty one percent (81%) occurred in the ‘young’ patients (below 45years). Of all these cases, 80% were females. Left ventricular involvement was seen in all the cases of sudden cardiac death. Tuberculous myocarditis with concomitant pulmonary infection was reported in 56% of the cases; whereas concomitant pericarditis was recorded in 47% of the cases. Antituberculosis drug therapy did not appear to offer mortality benefit against sudden cardiac deaths. Electrical conduction abnormalities in the myocardium did not seem to be entirely dependent on serum electrolyte levels, as two case reports with similar clinical presentation of S3 heart sound with sinus tachycardia recorded significantly different serum electrolyte levels.

## Conclusion

Tuberculous myocarditis has a multifaceted clinical presentation and is often undiagnosed. Sudden cardiac death mostly occurred in the young (below 45years), with **twice** as many females affected as males. In TB endemic areas, a high index of suspicion is necessary in patients presenting with unexplained non-ischemic arrhythmias, congestive heart failure or cardiogenic shock, to make the diagnosis.