gia–coincidenceor causality? (RCD code: III-1B.1.o). J Rare Cardiovasc Dis 2016; 2: 1.

Address for Correspondence: Joob Beuy, MD,
Sanitation 1 Medical Academic Center,
Bangkok-*Thailand*
Phone: 66892347788
E-mail: beuyjoob@hotmail.com

DOI:10.14744/AnatolJCardiol.2019.07943

Author`s Reply

To the Editor,

First, we wish to thank you and the authors for their critical evaluation of and valuable contribution to our case report (1). Acute eosinophilic myocarditis due to Giardia lamblia is a rare clinical entity. Thus far, a few case reports have been published regarding this issue in the literature (1-3). In these reports, patients' clinical presentation and hemodynamic status upon admission to the emergency service were stable without any signs and symptoms of cardiogenic shock (CS). It is well-known that CS is a state of medical emergency characterized by tissue hypoperfusion and hypoxia to multiple vital organs. CS is defined as systolic blood pressure less than 90 mm Hg or systolic blood pressure drop greater than or equal to 40 mm Hg for more than 15 min without new-onset arrhythmia, hypovolemia, or sepsis (4).

Dzierwa et al. (3) previously reported a case of acute eosinophilic myocarditis due to Giardia lamblia infestation and Garcinia cambogia. However, our case was different from this report in terms of the clinical presentation and hemodynamic status of the patient upon admission. In contrast to the patient in the previous report, our patient was hemodynamically unstable and presented with ST elevation and myocardial infarction. In fact, the patient was in a state of CS, which was not similar to this previous case. Also, this was true for the case reported by Robaei et al. (2). Therefore, we do believe that this is the first case of acute fulminant eosinophilic myocarditis due to Giardia lamblia infestation presenting with CS in the literature.

Şahin Avşar, Ahmet Öz[1], Tufan Çınar[1], Altuğ Ösken[2], Tolga Sinan Güvenç[2]
Department of Cardiology, Urla State Hospital; İzmir-*Turkey*
[1]Department of Cardiology, Health Sciences University, Sultan Abdülhamid Han Training and Research Hospital; İstanbul-*Turkey*
[2]Department of Cardiology, Health Sciences University, Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Center Training and Research Hospital; İstanbul-*Turkey*

References

1. Avsar S, Oz A, Çınar T, Ösken A, Güvenç TS. Acute fulminant eosinophilic myocarditis due to Giardia lamblia infection presented with cardiogenic shock in a young patient. Anatol J Cardiol 2019; 21: 234-7. [CrossRef]
2. Robaei D, Vo-Robaei L, Bewes T, Terkasher B, Pitney M. Myocarditis in association with giardia intestinalis infection. Int J Cardiol 2014; 177: e142-4. [CrossRef]
3. Dzierwa K, Rubiś P, Rudnicka-Sosin L, Tekieli L, Pieniążek P. Eosinophilic myocarditis: Gardia lamblia infestation and Garcinia cambogia–coincidenceor causality? (RCD code: III-1B.1.o). J Rare Cardiovasc Dis 2016; 2: 1. [CrossRef]
4. Hollenberg SM, Kavinsky CJ, Parrillo JE. Cardiogenic shock. Ann Intern Med 1999; 131: 47-59. [CrossRef]

Address for Correspondence: Dr. Tufan Çınar,
Sağlık Bilimleri Üniversitesi,
Sultan Abdülhamid Han Eğitim ve Araştırma Hastanesi,
Kardiyoloji Bölümü,
İstanbul-*Türkiye*
Phone: +90 544 230 05 20
E-mail: drtufancinar@gmail.com