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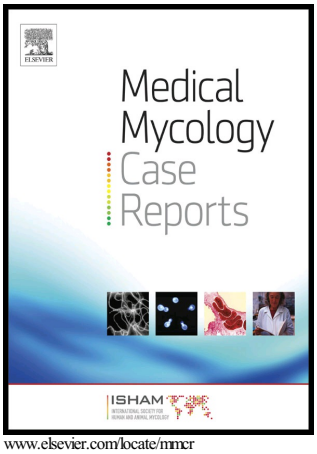

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Reversible Cardiomyopathy secondary to Amphotericin-B

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Abstract
We describe a 32-yr old woman with AIDS and cryptococcal meningitis that developed cardiomyopathy after 17 days of treatment with Deoxycholate Amphotericin-B (D-Amb) with reversal of the symptoms and transthoracic echocardiogram (TTE) findings after the drug had been stopped and switched to Fluconazole

Keywords
AIDS; Cardiomyopathy; Amphotericin-B; Meningitis

1. Introduction

Amphotericin-B may cause important side effects such as rigors, fever, myalgias, headache, renal dysfunction, and cardiac abnormalities such as bradycardia and other cardiac arrhythmias (1). There has been a paucity of papers relating Amphotericin-B to cardiomyopathy leading to heart failure. We describe a patient with AIDS with documented congestive heart failure while on Amphotericin-B use with reversion of the cardiac abnormalities after withdrawal of the drug and a switch to fluconazole. This case highlights another important side effect related to Amphotericin-B, a broad antifungal agent.

2. Case

A 32-yr old female patient with AIDS and history of drug abuse was admitted to Hospital Couto Maia, Salvador, Brazil, in December 20th, 2012 (D0) with headache, fever and vomiting. She was diagnosed with cryptococcal meningitis after CSF study showed the following results: 2 cells/mm3, glucose level of 39mg/dL, protein level of 29mg/dL, a positive India ink test and a positive CSF cryptococcal antigen detection by the latex agglutination test. She was started on Amphotericin-B deoxycholate (D-Amb) the next day (D+1) at 50mg per day. Blood samples and CSF were drawn at D0, and they were all positive for yeasts, which were later identified on Sabouraud's dextrose agar as *Cryptococcus neoformans*. The patient was not taking antiretroviral drugs, had a CD4+ T cell count of 22 per uL, and a viral load of 163,744 copies per mL (b-DNA) at D+6.
On D+18 the patient presented with dyspnoea, tachypnea, tachycardia (HR=120) and a 3rd heart sound. Chest X-Ray on D+18 showed a diffuse enlargement of the cardiac silhouette (figure 1) and a transthoracic echocardiography (TTE) on D+21 revealed mild enlargement of the left ventricle (LV) and a LV ejection fraction (EF) of 42% alongside a LV fractional shortening of