Pericarditis and Perimyocarditis Associated with Active *Mycoplasma pneumoniae* Infection

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In 13 patients an association existed from 1970-73 between *Mycoplasma pneumoniae* infection and acute pericarditis (in eight) or perimyocarditis (in five). In 12 patients the association was moderately probable, with a fourfold rise in complement-fixing antibody titers between acute and convalescent phase sera being noted. In the last patient, a lesser-order association was found using only convalescent phase serum. The presence of influenza, herpes simplex, Coxsackie B, or adenovirus was excluded by serologic testing. Acute illness was variable, with four patients developing heart failure. Long-term evaluation (mean, 47 months) found eight patients asymptomatic and three symptomatic. Two patients died. Residual effects of the mycoplasma infection seemed at least partially responsible in one compromised patient and in one who died. Mycoplasma infection should be considered in the presence of acute cardiovascular decompensation, especially when preceded by upper respiratory infection, and added to the possible causes of idiopathic cardiomyopathy.