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Atrial Fibrillation in a Young Patient With Ards: The Hidden Role of Suspected Cardiomyopathies

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Background: Pneumonia is an infection often complicated by cardiovascular events, including atrial fibrillation (AF), favoured by hypoxia or underlying cardiomyopathy.

Case Report: A 31-year-old man presented to the emergency department for dyspnoea and fever. His medical and pharmacological history was silent. On admission: SpO_2 89%, FR 70 acts/min, buzzing and hissing bilaterally. Chest CT showed areas of consolidation in the lung lobes. Haemogas analysis showed severe hypoxaemic respiratory failure (P/F < 200), requiring non-invasive ventilation. The nasopharyngeal swab was positive for Influenza B, configuring a clinical picture of ARDS. Despite respiratory improvement, AF occurred, treated with transesophageal echocardiogram, electrical cardioversion and anticoagulation. The echocardiogram suggested a suspected cardiac amyloidosis, to be investigated with an MRI. One week after discharge, the patient presented again for AF recurrence and was admitted to cardiology.

Discussion: AF at a young age can be triggered by infections or underlying cardiomyopathies. Systemic inflammation, hypoxia and electrolyte imbalances are common pathogenetic factors. In half of the cases, AF precedes the diagnosis of cardiac amyloidosis, in which amyloid deposition impairs atrial function. The preferred treatment is rate control with amiodarone and systemic anticoagulation, while cardioversion and ablation have high recurrence rates and embolic risk.

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