Introduction: Acute myocarditis must be considered in patients with recent onset of cardiac failure or arrhythmia. Fulminant myocarditis is a distinct entity characterized by sudden onset of severe congestive heart failure or cardiogenic shock, usually following a flu-like illness, parvovirus B19, human herpesvirus 6, coxsackie virus and adenovirus being the most frequently viruses responsible for the disease. And virus is also the most common cause of myocarditis. Arrhythmia is frequent in myocarditis especially dangerous arrhythmias like third degree AV block, ventricular fibrillation, ventricular tachycardia, etc. Myocarditis is thought to account for a large proportion of sudden cardiac deaths in young people without prior structural heart disease. However, therapeutic interventions are limited and nonspecific. Identifying those at greatest risk of a life-threatening arrhythmia is critical to reducing the mortality. This review summarizes current understanding of this challenging area in which many questions remain.

Methods: 50 research subjects were diagnosed with myocarditis according to the 2013 European Society of Cardiology guidelines. The patients were kept under observation by medical monitor or holder monitor in their acute phase (96 hours since developing symptoms). We summarized all kinds of arrhythmia including supraventricular tachycardia, atrial fibrillation, atrial flutter, AV block, ventricular tachycardia, ventricular fibrillation, torsade de points. Calculate the frequency of arrhythmia.

Result: We detected that most of the research patients had sinus tachycardia, 42% was found with sustained ventricular tachycardia, 60% with unsustained ventricular tachycardia, 34% with ventricular fibrillation; 52% third degree AV block.

Conclusion: There was a significant proportion of life threatening arrhythmia was found in acute phase of myocarditis patients, therefore, a close monitoring plan is highly recommended for timely detection and management.