A 45-year-old man came to our hospital and presented with left ventricular hypertrophy with giant negative T-waves in his electrocardiogram. Laboratory examination revealed that white blood cell count was 6,400/mm³ with 25% eosinophils. A magnetic resonance image showed a diffusely thickened left ventricular wall with a markedly reduced left ventricular cavity (Fig. 1). Endomyocardial biopsy from both ventricles revealed severe endocardial thickening. Since Löeffler’s endocarditis was suspected, we decided to give 30 mg of prednisolone daily, resulting in a rapid decrease in eosinophilia. At the age of 59, he died of sudden intracerebral hemorrhage. Autopsy showed severe thickening of the endocardium resulting in a marked reduction of both ventricular cavities (Fig. 2). Microscopic findings showed severe endomyocardial fibrosis and mural thrombus (Fig. 3). These findings were consistent with Löeffler’s endocarditis. However, this is probably a rare case of Löeffler’s endocarditis in Japan, because the patient presented with markedly reduced ventricular cavities due to severe thickening of the endocardium and mural thrombus.

**Key words:** autopsy, endomyocardial fibrosis, Löeffler’s endocarditis, mural thrombus

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**Figure 1.** A magnetic resonance image showed a diffusely thickened left ventricular wall with a markedly reduced left ventricular cavity.
Figure 2. Autopsy showed severe thickening of the endocardium resulting in marked reduction of both ventricular cavities.

Figure 3. Microscopic findings showed severe endomyocardial fibrosis and mural thrombus (Elastic van Gieson, x20).